

0527017

21CT18370 SB

3121

| OBTS Number | | ARREST / NOTICE TO APPEAR | | 1 Arrest 2 N.T.A. | | 3 Request for Warrant 4 Request for Capias | | Juvenile | |
|---|--|--|--|---|--|--|--|--|--|
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 21-123221 | | | | | |
| 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 | | Weapon Seized / Type 2 1. Yes 2. No | | Multiple Clearance Indicator 01 | | | | | |
| Location of Arrest (Including Name of Business) South Jog Road / Boynton Beach Blvd, Boynton Beach, FL 33437 | | | | Location of Offense (Business Name, Address) South Jog Road / Boynton Beach Blvd, Boynton Beach, FL 33437 | | | | | |
| Date of Arrest 11/01/2021 | | Time of Arrest 01:45 | | Booking Date 11/01/2021 | | Booking Time | | Jail Date | |
| Jail Time | | Location of Vehicle South Jog Road / Boynton Beach Blvd, Boynton Beach, FL 33437 | | | | | | | |
| Name (Last, First, Middle) Ramsingh, Rajiv, | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | |
| Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | | Sex B | | Date of Birth 6/2/1990 | | Height 6'00 | | Weight 200 | |
| Eye Color brown | | Hair Color brown | | Complexion light | | Build medium | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none | | | | Marital Status Single | | Religion Hindu | | Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) 10742 Greentrail Dr S, Boynton Beach, FL 33436 | | | | Phone (561) 523 7918 | | Residence Type 1 City 2 County 3 Florida 4 Out of State 2 | | | |
| Permanent Address (Street, Apt. Number) | | | | Phone | | Address Source DI | | | |
| Business Address (Name, Street) | | | | Phone | | Occupation Firefighter EMT | | | |
| D/L Number, State R525720902020, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) Trinidad and Tobago | | 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 | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | Name (Last) | | (First) | | (Middle) | | Residence Phone | |
| Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Business Phone | |
| 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason) | | | | School Attended | | 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/Derv | | P. Paraphernalia/ Equipment S. Synthetics | |
| U. Unknown | | Charge Description Driving Under the Influence | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 316.193(1)(c) | |
| Drug Activity N | | Drug Type N | | Amount / Unit | | Offense # 21-123221 | | Warrant / Capias Number | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | |
| 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 November Day 30 Year 2021 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 IF 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) 11/01/2021 | | | | | | | | | |
| Date Signed | | | | | | | | | |
| HOLD for other Agency Name | | Signature of Arresting Officer X | | | | Name Verification (Printed by Arrestee) Barham | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) Inv. POINTU P. | | | | (PRINT) | | | |
| Intake Deputy I.D. # | | Pouch # | | | | PAGE 1 OF 1 | | | |
| Transporting Officer D/S POINTU P. | | ID # 16032 | | | | Agency PBSO | | | |
| Witness here if subject signed with an "X" | | | | | | | | | |

| | | PROBABLE CAUSE AFFIDAVIT | | 1 Arrest 2 NTA | | 3 Request for Warrant 4 Request for Capias | | Juvénile | |
|---|---|--------------------------|------------------------------------|-----------------------|-----------|---|------|----------------------|---------------|
| ADMIN | OBTS Number | | | Agency ORI Number | | Agency Name | | Agency Report Number | |
| | FLO 5 0 0 0 0 0 | | PALM BEACH COUNTY SHERIFF'S OFFICE | | 21-123221 | | | | |
| CHARGES | Charge Type | 1 Felony | | 3 Misdemeanor | | 5 Ordinance | | Special Notes | |
| | Check as many as apply | 2 Traffic Felony | | 4 Traffic Misdemeanor | | 6 Other | | | |
| DEF | Name (Last, First, Middle) | Ransingh, Rajiv | | | | Alias | Race | Sex | Date of Birth |
| | | | | | | | W | m | 6/2/1990 |
| CHARGES | Charge Description | | | | | Charge Description | | | |
| | Charge Description | | | | | Charge Description | | | |
| VICTIM | Victim's 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 (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation | | | |
| <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:</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____</p> <p><input checked="" type="checkbox"/> confessed to <u>D/S FARRINGTON</u> <input type="checkbox"/> that he/she saw the arrested person commit the below acts</p> <p>admitting to the below facts. was found to have committed the below acts resulting from my (described) investigation</p> <p>On the <u>31st</u> day of <u>October</u> 20 <u>21</u> at <u>0040</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I was monitoring southbound traffic in the 7600 block of Jog Road when I observed a 4 door silver hatchback traveling at an high rate of speed with their lights off. I immediately attempted to catch up to the vehicle that was that was maintaining a speed of approximately 90mph in a 45mph speed zone. I paced clocked the vehicle from the 7600 block to the 9000 block of Jog Road at a speed of 90mph. As I caught up to the vehicle, i activated my overhead lights and sirens. The vehicle came to a complete stop at the intersection of Jog Road and Boynton Beach Blvd. I walked up to the drivers side and made contact with a w/m wearing no shirt and red over-alls. I identified myself and told the driver why I pulled him over. I asked for his driver's license, insurance and registration. The male told me that he did not have his license on him, but he identified himself as Rajiv Ransingh. Upon making contact with him, I immediately noticed that his speech was slurred and his eyes were blood shot red. I contacted a DUI Unit to respond to the scene.</p> | | | | | | | | | |
| PROBABLE CAUSE STATEMENT | | | | | | | | | |
| ADMINISTRATIVE | STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) <u>[Signature]</u> <u>6665</u> | | | | | | | | |
| | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>31st</u> day of <u>November</u> 20 <u>21</u> by <u>D/S T.FARRINGTON6465</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PERSONALLY KNOWN</u> <u>Ino B. W. P. 1632</u> Notary Public, Clerk of Court, Officer (F 8 8) 11 7 1 0 | | | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF November 20 21, AT 00:49 AM PM

SUBJECT: Ramsingh, Rajiv, CASE NUMBER: 21-123221

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

PERSONAL CONTACT

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

Sgt Farrington (#6465) observed a silver Toyota Prius driving without headlights at speed of 90 MPH in a 45 MPH in 7600 block of South Jog Road. He paced the vehicle and initiated a traffic stop of the vehicle that was bearing Florida tag JETS07. The driver and only occupant of the vehicle identified himself as Rajiv Ramsingh. He could not provide his driver license but recited its number.

OBSERVATION OF DRIVER:

Ramsingh had very glassy and bloodshot eyes. An obvious odor of unknown alcoholic beverage was coming from his breath. He appeared very agitated. He was wearing a red jeans, red suspenders and white boots but no shirt. Ramsingh had mood swings and appeared to have a very short span of attention. He was repetitive and forgetful.

DRIVER'S STATEMENTS:

Ramsingh denied having been drinking anything. Post Miranda he denied being the driver at the time of the traffic stop.

ODORS:

Obvious odor of unknown alcoholic beverage that became stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Vulgar, yelling, argumentative

CLOTHING: red jeans, red suspenders, white shoes.

MEDICAL/OTHER: Anxiety, depression, high blood pressure.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.

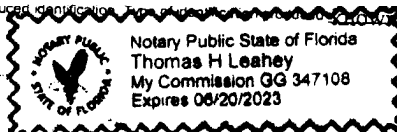
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of November 20 21 by Inv. POINTU P.

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

Thomas Leahey (#19183)

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



SUBJECT: Ramsingh, Rajiv,

CASE NUMBER 21-123221

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Pupils round and equals. No resting nystagmus. Unable to asset onset of HGN as he did not follow instructions and stopped the task.

WALK & TURN:

Ramsingh could not maintain the instructional stance. He started before being told. Used his arms to balance. He did not walk heel to toe. He did not take the proper number of steps. He did not perform the turn as instructed. He refused to comply after Taylor warnings.

ONE LEG STAND:

Not performed

FINGER TO NOSE:

Not performed

ROMBERG ALPHABET:

Not performed

BREATH TEST RESULTS: 0.246

Refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.

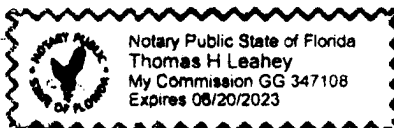
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of November 2021 by Inv. 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: Ramsingh, Raju

CASE NUMBER: 21-123221

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? no

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? Cooperville rd, left

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? 3-1-82 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? 9:00 AM WHAT DID YOU EAT? Breakfast

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

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

HOW MUCH? _____ 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? no

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? Arthritis WHAT'S WRONG? Arthritis in my right leg

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? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? Dr. [illegible] WHY? _____

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

| | | | |
|--------------|--------------------|------------|------------|
| DO YOU HAVE: | EPILEPSY? | <u>no</u> | <u>no</u> |
| | GLASS EYE? | <u>no</u> | <u>no</u> |
| | FALSE TEETH? | <u>no</u> | <u>no</u> |
| | EAR INFECTION? | <u>no</u> | <u>no</u> |
| | INNER EAR TROUBLE? | <u>yes</u> | <u>yes</u> |
| | DIABETES? | <u>no</u> | <u>no</u> |

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

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? _____

INTERVIEWER: [illegible] [illegible]

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

SUBJECT

Ramsingh, Rajiv

CASE NUMBER

21-123221

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 _____ of the _____

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

WITNESS LIST

CASE NUMBER: 21-123221

ARRESTING OFFICER: Inv. 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: DUI Investigation, see PC

NAME: Sgt Farrington (#6465)

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: _____

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: _____

NAME: _____

ADDRESS _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Ramsingh, Rajiv CASE NUMBER: 21-123221

DATE: Nov 1, 2021 VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0242 ENDING TIME: 0304

BREATH TESTS RESULTS: 1) .246 TIME 0248 A.M. ☒ P.M. ☐ 2) R TIME 0256 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, loud

ATTITUDE: agitated, talkative/profanity, argumentative,

CLOTHING: red pants w/suspenders, no shirt, no shoes

MEDICAL CONDITIONS: anxiety, depression, high blood pressure

MEDICATIONS: Vistaril, Lexipro, Albuterol, Xanax, Tramadol, Clonidine

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0212 hrs

subject agreed to perform breath test - what if I don't

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

subject refused, then agreed to perform breath test

subject refused to provide second breath sample. A/O called refusal @ 0252

subject asked to perform breath test. tech started second breath test and subject refused to perform breath test @ 0256

A/O called refusal @ 0256

A/O read rights & subject understood rights

A/O conducted Q&A

subject answered questions

REFUSED



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-123221 PBSO ZONE 6-42

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 00:49 DATE 11/01/2021 DAY Monday

SUBJECT'S NAME Ramsingh, Rajiv, RACE B SEX M

HGT 6'00 WGT 200 DOB 6/2/1990

LOCATION South Jog Road / Boynton Beach Blvd, Boynton Beach, FL 33437

ARRESTING OFFICER'S NAME & ID Inv. POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 02:12

ARREST TIME 01:45

BREATH RESULTS:

1. 246

2
3 **REFUSED**

4

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/4

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: 80-006029 Software: 8100.27
Date of Test: 11/01/2021

Date of Last Agency Inspection: 10/08/2021

Observation Period Began: 02:12

Subject's Name: RAJIV RAMSINGH

DOB: 06/02/1990 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 | | 02:46 |
| | Air Blank | 0.000 | 02:46 |
| | Control Test | 0.081 | 02:47 |
| | Air Blank | 0.000 | 02:47 |
| | Subject Sample #1 | 0.246 | 02:48 |
| | Air Blank | 0.000 | 02:49 |
| | Air Blank | 0.000 | 02:50 |
| | Subject Sample #2 REF* | | 02:52 |
| | Air Blank | 0.000 | 02:52 |
| | Control Test | 0.080 | 02:52 |
| | Air Blank | 0.000 | 02:53 |
| | Diagnostics Check OK | | 02:53 |

*Subject Test Refused

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: T Leahey Date: 11/01/2021
Signature

Sworn to (or affirmed) before me this 01 day of November, 2021

Signature of Notary Public-State of Florida Inu P. Pointu #16032
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.

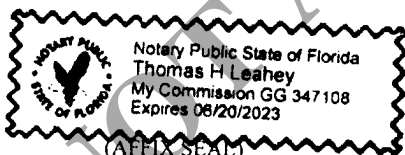
STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **Investigator LE PATRICK POINTU**, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of **Palm Beach County Sheriffs Office**, and I do swear
(Name of enforcement agency)
or affirm that on or about the **FIRST** day of **November**, **2021**, at **01:45**
DRIVER **RAJIV RAMSINGH**
(Type or Print) **FIRST** **MIDDLE OR MAIDEN** **LAST**
DL # **R525720902020**, state of **FL**, was placed under lawful arrest for
the offense of **DUI** by **Investigator LE PATRICK POINTU** and
(Name of Arresting Officer)
issued Citation # **AEA7U9E**
That on or about the **FIRST** day of **November**, **2021**, at **02:56**
in **Palm Beach** County.

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this **01** day of **November**, **2021**
by **Inv P Pointu #16032**
who is personally known to me or who has produced
Kuan as identification.
Notary Public **T. J. Jolly**

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license the
appropriate copy of the UTC and the
probable cause affidavit



**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"/> | (xlii) 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"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

Booking Number: 2021027444

Date: 11/1/2021

Specialist Name/ID: M. Tooks #8557