

0519353

20CT 13971

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FL0502400		Agency Name OCEAN RIDGE POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 72-2020-0179	
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	
Location of Arrest (Including Name of Business) 6600 Blk N. Ocean Blvd				Location of Offense (Business Name, Address) River Drive and A1A			
Date of Arrest 10/30/20	Time of Arrest 06:16AM	Booking Date 10/30/20	Booking Time	Jail Date 10/30/20	Jail Time	Location of Vehicle Zuccals	
Name (Last, First, Middle) Rockie Brij Gajwani <i>Gajwani, Rockie Brij</i>							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M	Date of Birth 07/27/63	Height 5-10	Weight 166	Eye Color Brown	Hair Color Gray
Complexion Light		Build Small		Marital Status MARRIED		Religion	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) () () () ()				Phone () ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 580 Middlesex Road Darien CT 06820				Phone (917) 297-3432		Address Source Driver License	
Business Address (Name, Street) (City) (State) (Zip) () () () ()				Phone () ()		Occupation	
DL Number, State 078168169 CT		SOC. SEC. NUMBER [REDACTED]		INS Number		Place of Birth (City, State) India	
Citizenship Yes		Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth		<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 () ()		Business Phone () ()	
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. <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 S. Sell N. N/A P. Possess		R. Smuggle B. Buy D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Concoct	
Z. Other		Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.	
P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)	
Drug Activity Drug Type Amount / Unit		Offense # 2020-0179		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense # 2020-0179		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense # 2020-0179		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense # 2020-0179		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) 200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL 33444							
Court Date and Time Month December Day 17th Year 2020 Time 1300 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. TBSC							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer S. Marsh #569		Name Verification (Printed by Arrestee) SCANNED			
Transporting Officer S. Marsh		ID # #569		Agency ORPD		Witness here if subject signed with an "X" OCT 31 2020	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF October 2020, AT 05:45 PM AM

SUBJECT: Rockie Brij Gajwani CASE NUMBER: 2020-0179

AGENCY: OCEAN RIDGE POLICE DEPARTMENT ARRESTING OFFICER: S. Marsh #569

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
I observed the aforementioned vehicle fail to maintain a single lane. See offense #2020-0179 for further details.

OBSERVATION OF DRIVER:

Driver appeared to be impaired and disoriented. When asked, he stated that he believed he was in Delray Beach which is another city approximately 7 miles south of our location. Driver had slow, slurred speech. His eye were, glassy, blood shot and watery. He had a strong odor of an alcoholic beverage coming from his facial area while speaking. When asked to step out of his vehicle, he had a hard time standing without swaying back and fourth. A few times during this encounter, he had to take hold of his vehicle to prevent himself from falling.

DRIVER'S STATEMENTS:

Driver was asked if he had drank any alcoholic beverages this evening, which he stated, " I had only one drink".

ODORS:

Smell of an alcoholic beverage coming from his person especially while speaking.

GENERAL OBSERVATIONS

SPEECH: Slow speech while responding, inconsistent responses to questions, appeared impaired.

ATTITUDE: Impaired, carefree yet confused.

CLOTHING: Brown pants, Long Sleeve shirt, Brown sneakers.

MEDICAL/OTHER: State he had no medical issued and was not taking any medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

S. Marsh #569
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of October 2020 by S. Marsh #569

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced S. Marsh #569

S. J. Peter #540
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SCANNED
OCT 31 2020

SUBJECT: Rockie Brij Gajwani

CASE NUMBER: 2020-0179

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:

See Sgt. Ermeri's supplemental report for more detail.

WALK & TURN:

Failed to complete the instructed amount of steps. Failed to walk in a straight line. Never connected heel to toe. Lost balance. See Sgt. Ermeri's supplemental report for more detail. Sgt. Ermeri advised he failed

ONE LEG STAND:

Unable to keep his balance and put his foot down several times. See Sgt. Ermeri's supplemental report for more detail.

FINGER TO NOSE:

Failed to follow instructions. Unable to complete and portion correctly. See Sgt. Ermeri's supplemental report for more detail.

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS:

1) .225	2) .223	3)	4)
---------	---------	----	----

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sgt. Marsh #569

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of October, 2020 by S. Marsh #569

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

Sgt. Palm #540

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

S. Marsh #569

OCT 31 2020

TESTING FACILITY TASK REPORT

AGENCY: ORPD

SUBJECT: Gajwani, Rockie B

CASE NUMBER: 20-121791

DATE: 10/30/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0712

ENDING TIME: 0724

BREATH TESTS RESULTS: 1) .225 TIME 0718 A.M. P.M. 2) .223 TIME 0721 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, thick

ATTITUDE: fidgety, repetitive, takative

CLOTHING: gray pants, blue plaid l/s shirt, black shoes

MEDICAL CONDITIONS: depression

MEDICATIONS: taking no meds at this time

OTHER:

eyes are glassy & bloodshot

odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0650 hrs.

subject refused to perform breath test

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

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

SCANNED
OCT 31 2020

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

PBSO CASE # 20-121791 PBSO ZONE 6-12

AGENCY CASE # 2020-0179 CRASH CASE # _____

TIME OF STOP/CRASH 0521 DATE 07/27/1963 DAY FRIDAY

SUBJECT'S NAME Rockie Brij Gajwani RACE W SEX M

HGT 5-10 WGT _____ DOB 07/27/63

LOCATION River Drive and A1A

ARRESTING OFFICER'S NAME & ID S. Marsh #569 AGENCY ORPD

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 06:

ARREST TIME 06:16AM

BREATH RESULTS:

- 1) .225
- 2) .223
- 3)
- 4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # 2020-1079

SCANNED
OCT 31 2020

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: 10/30/2020

Date of Last Agency Inspection: 10/16/2020
Observation Period Began: 06:50
Subject's Name: ROCKIE B GAJWANI

DOB: 07/27/1963 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	07:16
	Air Blank	0.000	07:17
	Control Test	0.081	07:17
	Air Blank	0.000	07:17
	Subject Sample #1	0.225	07:18
	Air Blank	0.000	07:19
	Air Blank	0.000	07:21
	Subject Sample #2	0.223	07:21
	Air Blank	0.000	07:22
	Control Test	0.079	07:22
	Air Blank	0.000	07:23
	Diagnostics Check	OK	07:23

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 Lealey Date: 10/30/20
Signature

Sworn to (or affirmed) before me this 30th day of October, 2020

[Signature] OF S Marsh #569
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.

SCANNED
OCT 31 2020



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: 2020025611	Date: 10/31/2020
	Specialist Name/ID: AM/31562

SCANNED
 OCT 31 2020