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|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | OBTS Number                                                                                                                                                                                                                                                                                                     |                                           | ARREST / NOTICE TO APPEAR                                                        |                                    |                                                                                                       |                                                                                       | 1. Arrest<br>2. N.T.A.                                                                                                                                                                                          |                                                | 3. Request for Warrant<br>4. Request for Capias                                                                  |                                          | 1                                                                                                                                                                                                                                                         | JUVENILE                              |
|                                                                    | Agency ORI Number<br><b>0501700</b>                                                                                                                                                                                                                                                                             |                                           | Agency Name<br><b>Jupiter Police Department</b>                                  |                                    |                                                                                                       |                                                                                       | Agency Report Number (N.T.A.'s only)<br><b>5   4   22-002230</b>                                                                                                                                                |                                                |                                                                                                                  |                                          |                                                                                                                                                                                                                                                           |                                       |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                         |                                           | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                                    | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                                                                                       | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                                                                                                                      |                                                | If Weapon Seized<br>Enter Type <b>UNARMED</b>                                                                    |                                          | Multiple Clearance Indicator                                                                                                                                                                                                                              |                                       |
|                                                                    | Location of Arrest (Including Name of Business)<br><b>148 WHALE CAY WAY JUPITER FL 33458</b>                                                                                                                                                                                                                    |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Location of Offense (Business Name, Address)<br><b>148 WHALE CAY WAY, JUPITER, FL 33458</b>                                                                                                                     |                                                |                                                                                                                  |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>O<br>D<br>E<br>F<br>E<br>N<br>D                               | Date of Arrest<br><b>06/06/2022</b>                                                                                                                                                                                                                                                                             | Time of Arrest<br><b>20:39</b>            | Booking Date<br><b>06/06/2022</b>                                                | Booking Time<br><b>20:49</b>       | Jail Date                                                                                             | Jail Time                                                                             | Location of Vehicle<br><b>HOME</b>                                                                                                                                                                              |                                                |                                                                                                                  |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Name (Last, First, Middle)<br><b>PATEL, RUCHIN RASIKLAL</b>                                                                                                                                                                                                                                                     |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       |                                                                                                                                                                                                                 |                                                |                                                                                                                  |                                          |                                                                                                                                                                                                                                                           |                                       |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | Alias:                                                                                                                                                                                                                                                                                                          |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       |                                                                                                                                                                                                                 |                                                |                                                                                                                  |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                  | 1 - American Indian<br>O - Oriental/Asian | Sex<br><b>M</b>                                                                  | Date of Birth<br><b>07/04/1981</b> | Height<br><b>6'02</b>                                                                                 | Weight<br><b>205</b>                                                                  | Eye Color<br><b>BROWN</b>                                                                                                                                                                                       | Hair Color<br><b>BROWN</b>                     | Complexion<br><b>LIGHT</b>                                                                                       | Build<br><b>Medium</b>                   | Indication of:<br>Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Mental Status<br><b>M</b>                                                                                                                                                                                       |                                                | Religion<br><b>OTHER</b>                                                                                         |                                          | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State <b>1</b>                                                                                                                                                                               |                                       |
|                                                                    | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>148 WHALE CAY WAY, JUPITER, FL 33458</b>                                                                                                                                                                                                         |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Phone<br><b>(586) 215-8328</b>                                                                                                                                                                                  |                                                | Address Source<br><b>FL DL</b>                                                                                   |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Permanent Address (Street, Apt. Number) (City) (State) (Zip)<br><b>148 WHALE CAY WAY, JUPITER, FL 33458</b>                                                                                                                                                                                                     |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Phone<br><b>(586) 215-8328</b>                                                                                                                                                                                  |                                                | Occupation                                                                                                       |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                            |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Phone                                                                                                                                                                                                           |                                                | Occupation                                                                                                       |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | D/L Number, State<br><b>P340736812440 / FL</b>                                                                                                                                                                                                                                                                  |                                           | Sec. Sec. Number                                                                 |                                    | INS Number                                                                                            |                                                                                       | Place of Birth (City, State)<br><b>INDIA, FL, India</b>                                                                                                                                                         |                                                | Citizenship<br><b>US</b>                                                                                         |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Race                                                                                                                                                                                                            | Sex                                            | Date of Birth                                                                                                    |                                          | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor                                                              |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Race                                                                                                                                                                                                            | Sex                                            | Date of Birth                                                                                                    |                                          | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor                                                              |                                       |
|                                                                    | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                      |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Residence Phone                                                                                                                                                                                                 |                                                | Business Phone                                                                                                   |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | <input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian                                                                                                                                                                                                        |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                              |                                                | Business Phone                                                                                                   |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Notified by: (Name)                                                                                                                                                                                                                                                                                             |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Date                                                                                                                                                                                                            | Time                                           | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Release Date<br>2. TOT JAC<br>3. Incarcerated |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Released To: (Name)                                                                                                                                                                                                                                                                                             |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Relationship                                                                                                                                                                                                    | Date                                           | Time                                                                                                             | VICTIM NOTIFICATION REQUIRED             |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2626) informed of any change of address.                                                     |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                          | Description of Property                        |                                                                                                                  | Value of Property                        |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                           |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                 | R. Smuggle<br>D. Deliver<br>E. Use             | K. Disperse/<br>Distribute                                                                                       | M. Manufacture/<br>Produce/<br>Cultivate | Z. Other                                                                                                                                                                                                                                                  | Drug Type<br>N. N/A<br>A. Amphetamine |
|                                                                    | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                                                                                                       |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Derv.                                                                                                                                                               | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other                                                                                           |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Charge Description<br><b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>                                                                                                                                                                                                                                                   |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Statute Violation Number<br><b>784.03(1)(A)(1)</b>                                                                                                                                                              |                                                | Violation of ORD #                                                                                               |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Drug Activity                                                                                                                                                                                                                                                                                                   | Drug Type                                 | Amount / Unit                                                                    | Offense #                          | Counts                                                                                                | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Warrant / Capias Number                                                                                                                                                                                         |                                                | Bond                                                                                                             |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Charge Description                                                                                                                                                                                                                                                                                              |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Statute Violation Number                                                                                                                                                                                        |                                                | Violation of ORD #                                                                                               |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Drug Activity                                                                                                                                                                                                                                                                                                   | Drug Type                                 | Amount / Unit                                                                    | Offense #                          | Counts                                                                                                | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number                                                                                                                                                                                         |                                                | Bond                                                                                                             |                                          |                                                                                                                                                                                                                                                           |                                       |
| C<br>H<br>A<br>R<br>G<br>E                                         | Charge Description                                                                                                                                                                                                                                                                                              |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Statute Violation Number                                                                                                                                                                                        |                                                | Violation of ORD #                                                                                               |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | Drug Activity                                                                                                                                                                                                                                                                                                   | Drug Type                                 | Amount / Unit                                                                    | Offense #                          | Counts                                                                                                | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number                                                                                                                                                                                         |                                                | Bond                                                                                                             |                                          |                                                                                                                                                                                                                                                           |                                       |
| I<br>N<br>T<br>A<br>K<br>E                                         | Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                               |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Any knowledge of the following: <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 checked="" type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health                                             |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | PROPERTY - Received By                                                                                                                                                                                          |                                                | Released By                                                                                                      |                                          | Released To                                                                                                                                                                                                                                               |                                       |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Transported By<br><b>SEIER</b>                                                                                                                                                                                                                                                                                  |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Date Transported                                                                                                                                                                                                | Time Transported                               | Other                                                                                                            |                                          |                                                                                                                                                                                                                                                           |                                       |
|                                                                    | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                              |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Location (Court, Room)                                                                                                                                                                                          |                                                | Court Date and Time                                                                                              |                                          |                                                                                                                                                                                                                                                           |                                       |
| A<br>D<br>M<br>I<br>N                                              | 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                                                                                                                                                                                                                                                                                           |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Signature of Arresting Officer<br><b>SEIER, BRADLEY</b>                                                                                                                                                         |                                                | Name Verification (Printed by Arrestee)<br><b>SEIER</b>                                                          |                                          | I.D. #<br><b>1243</b>                                                                                                                                                                                                                                     |                                       |
| A<br>D<br>M<br>I<br>N                                              | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other                                                                                                                                                                 |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Name of Arresting Officer (Print)<br><b>SEIER, BRADLEY</b>                                                                                                                                                      |                                                | I.D. #<br><b>1243</b>                                                                                            |                                          | Agency<br><b>JPD</b>                                                                                                                                                                                                                                      |                                       |
|                                                                    | Inmate # <b>1128137</b>                                                                                                                                                                                                                                                                                         |                                           |                                                                                  |                                    |                                                                                                       |                                                                                       | Pouch #                                                                                                                                                                                                         |                                                | Witness here if subject signed with an "X".                                                                      |                                          | 1 OF 1                                                                                                                                                                                                                                                    |                                       |

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                        |                                                               |                                                 |  |                                                  |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------------------------------------------------|-------------------------------------------------|--|--------------------------------------------------|-----------------|
| A<br>D<br>M<br>I<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date / Time<br><b>06/06/2022 19:10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Agency ORI Number<br><b>FL 0501700</b> |                                                               | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> |  | Agency Report Number<br><b>5   4   22-002230</b> |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name (Last, First, Middle)<br><b>PATEL, RUCHIN RASIKLAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |                                                               |                                                 |  | Race<br><b>A</b>                                 | Sex<br><b>M</b> |
| C<br>H<br>R<br>G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Charge Description<br><b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |                                                               |                                                 |  |                                                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Victim's Name (Last, First, Middle)<br><b>PATEL, BHUMIKA BIPIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                        |                                                               |                                                 |  | Race<br><b>A</b>                                 | Sex<br><b>F</b> |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>148 WHALE CAY WAY, JUPITER, FL 33458</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |                                                               | Phone<br><b>(586) 215-7886</b>                  |  | Address Source<br><b>FL DL</b>                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                        |                                                               | Phone                                           |  | Occupation                                       |                 |
| O<br>B<br>S<br>E<br>R<br>V<br>A<br>T<br>I<br>O<br>N<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                        | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):<br><b>CALM</b> |                                                 |  |                                                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |                                                               |                                                 |  |                                                  |                 |
| R<br>E<br>L<br>A<br>T<br>I<br>O<br>N<br>S<br>H<br>I<br>P                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RELATIONSHIP BETWEEN VICTIM & SUSPECT<br><b>SPOUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |                                                               |                                                 |  |                                                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>BHUMIKA PATEL</b></p> <p>WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:</p> <p>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> |  |                                        |                                                               |                                                 |  |                                                  |                 |
| N<br>A<br>R<br>R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | See page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |                                                               |                                                 |  |                                                  |                 |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>Appeared before me <u>Sgt</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><br/>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>6</u> day of <u>June</u>, <u>2022</u>.</p> <p><u>KOLENICH, RYAN</u><br/>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                        |                                                               |                                                 |  |                                                  |                 |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

|                       |                                        |                                                 |  |                                                  |
|-----------------------|----------------------------------------|-------------------------------------------------|--|--------------------------------------------------|
| A<br>D<br>M<br>I<br>N | Date / Time<br><b>06/06/2022 19:10</b> | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> |  | Agency Report Number<br><b>5   4   22-002230</b> |
|                       | Agency ORI Number<br><b>FL 0501700</b> |                                                 |  |                                                  |

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On Monday, June 6, 2022 at approximately 1841 hours, Officer Kolenich, Ferguson and I responded to 148 Whale Cay Way, Jupiter FL, regarding a 9-1-1 call of a domestic disturbance in progress. The caller, Bhumika Patel (W/F, DOB: 08/29/1982) advised Northcom that she was calling from a room upstairs in the residence and advised that her husband was downstairs. B. Patel stated she and her husband, Ruchin Patel (W/M, DOB: 07/04/1981) were involved in a verbal argument and were going through a divorce. B. Patel advised Northcom that R. Patel was upset because she moved things out of the closet and R. Patel pushed her. While in route, B. Patel advised Northcom she was able to leave the residence and would meet officers at the clubhouse in the community due to being in fear.

Officer Kolenich, Ferguson and I arrived on scene and met with B. Patel. B. Patel provided the following sworn statement, not verbatim, on BWC.

B. Patel stated she and R. Patel reside together at the residence and have been married for approximately 16 years. B. Patel advised she and R. Patel were going through a divorce. B. Patel stated she and R. Patel were involved in a verbal argument when R. Patel became upset because she was moving things out of the closet. B. Patel stated the verbal argument escalated and B. Patel stated R. Patel pushed her with both hands. B. Patel stated she stumbled back into the wall and hit her elbow on the wall. B. Patel stated she had elbow pain from being pushed into the wall and declined paramedics. B. Patel did not have any visible injuries.

Officer Kolenich and I then met with R. Patel at the residence. R. Patel provided me with the following statement, not verbatim, on BWC.

R. Patel stated he and B. Patel have been married for approximately 16 years. R. Patel stated he and B. Patel were currently going through a divorce. R. Patel advised that a verbal argument did ensue today and initially stated things did not get physical.

I informed R. Patel of the allegations made against him, and R. Patel stated at one point during the argument, B. Patel slapped him on the shoulder. R. Patel denied ever pushing B. Patel. R. Patel did not have any visible injuries.

I asked R. Patel if he had any interior cameras in the residence that would have captured the incident, and he stated no.

Based on the above listed statements and facts, I informed R. Patel that he was going to be arrested for domestic simple battery. I placed R. Patel in handcuffs, properly adjusting and double locking them. R. Patel was arrested for FSS 784.03(1)(A)(1) - BATTERY-SIMPLE (TOUCH OR STRIKE).

Their 17 year old son in common, Milek Patel (W/M, DOB: 12/16/2004) was home during the incident but was in his room the entire time. DCF was notified.

Officer Ferguson provided B. Patel with the victims' rights packet and domestic violence victim packet.

R. Patel was transported to Palm Beach County Jail without incident.

BWC used.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Eva 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 6 day of June, 2022.

KOLENICH, RYAN  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch.782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Dating Violence**
- **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)

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

1. Incident Report #: 22002230 Agency: Jupiter Police Department  
Offense: DV Simple Battery  
Suspect/Offender: Ruchin Patel  
D.O.B. 07/04/81 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3a. Victim's Name: Bhumika Patel D.O.B. 08/29/82 Race: W Sex: F  
Address: 148 Whale Cay Way  
City: Jupiter State: FL ZIP: 33458  
Home #: 586 215 7886 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

3b. Victim's Next of Kin, Friend or Neighbor: N/A  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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: \_\_\_\_\_

Officer's Name: Seler I.D. # 368 Date: 06/06/22



**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),<br>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),<br>(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),<br>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**

|                                   |                                            |
|-----------------------------------|--------------------------------------------|
| <b>Booking Number:</b> 2022014646 | <b>Date:</b> 6/7/2022                      |
|                                   | <b>Specialist Name/ID:</b> M. Tookes #8557 |