23MM9204AMB

ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
6 Arrest (Warrant) 4 Request for Capias
2 N T A 5 Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N T A's only): 3 2 2023-013521

Charge Type (Check as many as apply): 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other
If Weapon Seized — Enter Type: UNARMED
Multiple Clearance Indicator

Location of Arrest (Including Name of Business): [redacted]
Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/28/2023	23:53	10/29/2023	00:03			

DEFENDANT

Name (Last, First, Middle): PATEL, PRAKASH RAMANLAL
Alias (Name, DOB, Soc Sec #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/09/1966	5'11	165	BROWN	SALT &	MEDIUM	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None
Marital Status: M
Religion: Hnt.
Indication of Alcohol Influence / Drug Influence: Yes ☐ No ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]
Phone: (407) 702-9877
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): [redacted]
Phone: (407) 702-9877
Address Source: DL

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED,
Phone:
Occupation: Self Employed

D.L. Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P340676664090 / FL	[redacted]		Surat, India	US

CODE

Co-Defendant Name (Last, First, Middle): [redacted]
Race / Sex / Date of Birth:
☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile
☐ 2 At Large ☐ 4 Misdemeanor

Co-Defendant Name (Last, First, Middle):
Race / Sex / Date of Birth:
☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile
☐ 2 At Large ☐ 4 Misdemeanor

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip): T. NO Bond
Business Phone:

Notified by (Name): Date: Time:
JUVENILE DISPOSITION: 1 Handled/Processed Within Department and Released
TOT JAC Incarcerated

Released To (Name): Relationship: Date: Time:

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

School Attended: Grade:

Property Crime? ☐ Yes ☒ No
Description of Property: Marsy's Law
Value of Property:

VICTIM NOTIFICATION REQUIRED

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/Distribute, M Manufacture/Produce/Cultivate, Z Other
Drug Type: N N/A, A Amphetamine, B Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Derv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY / DOMESTIC BATTERY	784.03(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N		/		1	☐ Y ☒ N		

CHARGE

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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

DOMESTIC

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O R ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T O T County Jail
PROPERTY - Received By:
Released By:
Released To:
FILED PBC - GUN CLUB -- '23 OCT 30 AM 5:59

Transported By:
Date Transported: / / Time Transported: : :
Other:

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time:

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 861
Name of Arresting Officer (Print): WALKER, K. P. ID #: 861
Name Verification (Printed by Arrestee) (PRINT): OCT 23 AM 3:47

Intake Deputy: ID: Pouch #:
Transporting Officer: D.M. Hanson ID: 852 Agency: 850
Witness here if subject signed with an "X":

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

0544565

SCANNED OCT 30 2023

559

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
Palm Beach County

RIGHTS WAIVER INVOKED
Confidential

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
10/28/2023 23:50	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-013521

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
PATEL, PRAKASH RAMANLAL		A	M	11/09/1966

CHRG

Charge Description: **784.03(1) BATTERY / DOMESTIC BATTERY**

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	[redacted]	[redacted]	[redacted]

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
[redacted]				[redacted]	

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **CRYING**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **SPOUSE**

		YES	NO	
PHOTOGRAPHS:	Scene:	☐	☒	
	Victim:	☒	☐	
911 CALL:		☒	☐	CALLER: [redacted]
WEAPON USED:		☐	☒	TYPE:
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☐	☒	
AT:	Scene:	☐	☒	PARAMEDICS:
	Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☐	☒	

NARR

On 10/28/2023, I responded to [redacted] reference to a domestic disturbance. I met with [redacted] who advised she and her [redacted] were in an argument tonight when he punched her in the face. She stated he gets into these spells where he cannot control his anger and lashes out, which is what happened tonight. I observed blood on [redacted] nose and a swollen lip. [redacted] stated in defense, she threw a water

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, ofc Walker personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[signature] 961
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of October, 2023.

IMMLER, AMANDA [signature] 769
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S. 117 10)

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COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

MARSY'S LAW INVOKED
Confidential Info Contained

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
10/28/2023 23:50	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-013521

NARRATIVE

bottle at him.

I spoke with Prakash Patel who advised he told his [redacted] that he wanted to spend time with her, but she decided to be on the phone all night instead. The two began to argue, which is when he says he pushed her in the face with an open hand. Prakash was very apologetic on scene and stated he only hit her out of frustration.

It was determined that Prakash did commit the offense of domestic battery on his [redacted]. Prakash was placed under arrest for Domestic Battery, F.S.S. 784.03(1). Prakash was transported to Palm Beach County Jail.

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, ofc. Walter personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

8601
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of October, 2023.

IMMLER, AMANDA
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)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- 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.

SUSPECT/OFFENDER: Prakash Patel COURT CASE/WARRANT#: _____ (FOR WARRANTS USE ONLY)

1. Incident Report#: 2023-013251 Agency: BRPD
   Offense: Domestic Battery
   Suspect/Offender: Prakash Patel
   D.O.B. 11/9/66 Race: A Sex: M

2. Warrant#(s): _____

3.a. [redacted]

b. Victim's next of kin, friend or neighbor: _____
   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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: K. WALKER I.D.# 861 Date: 10/20/23

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

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2023028540	**Date:** 10/30/2023
	Specialist Name/ID#: ANGELA PINKNEY/7796