

AD M I N I S T R A T I O N	OBTS Number 0489372	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	2678	
D E F E N D A N T	Agency ORI Number 0500200	Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-009381				
	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 None/not Applicable		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 1000 S FEDERAL HWY		Location of Offense (Business Name, Address) 1000 S FEDERAL HWY, BOCA RATON, FL 33432					
	Date of Arrest 07/02/2017	Time of Arrest 03:08	Booking Date 07/02/2017	Booking Time 03:19	Jail Date	Jail Time	Location of Vehicle WESTWAY	
C O D E F	Name (Last, First, Middle) RAMRAJ, AJIT PAUL		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 10/10/1982	Height 5'06	Weight 200	Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion	Indication of: Alcohol Influence Yes ☐ No ☐ Unk. ☐ Drug Influence Yes ☐ No ☐ Unk. ☐			Build
	Local Address (Street, Apt. Number) 8136 PINE CIRCLE, TAMARAC, FL 33321		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State
	Permanent Address (Street, Apt. Number) 8136 PINE CIRCLE, TAMARAC, FL 33321		(City)	(State)	(Zip)	Phone		Address Source
	Business Address (Name, Street) BROWARD COUNTY,		(City)	(State)	(Zip)	Phone		Occupation Teacher
	D/L Number, State R562015823700 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) HOBOKEN, NJ, United		Citizenship US	
	Co-Defendant Name (Last, First, Middle)		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	
	J U V E N I L E	☐ Parent ☐ Other: _____ ☐ Legal Custodian		Name (Last, First, Middle)		Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone			
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. 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.		School Attended		Grade				
☐ Yes, by: ☐ No:		Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. 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/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	
							U. Unknown Z. Other	
C H A R G E		Charge Description DUI		Statute Violation Number 316.193(1)		Violation of ORD #		
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-009381	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number	
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries					
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ South County Mental Health		☒ T.O.T. County Jail		PROPERTY - Received By GENDEN			
	Transported By GREEN		Date Transported 07/02/2017		Time Transported 00:00		Released To TOT COUNTY	
	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 07/31/2017 08:30:00			
N O T I C E T O A P P E A R	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		Name Verification (Printed by Arrestee)			
	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other		Name of Arresting Officer (Print) GENDEN, ERIC B.		(PRINT)			
	Pouch #		Transporting Officer GREEN		I.D. # 735 Agency BRPD			
A D M I N	Witness here if subject signed with		PAGE 1 OF 1		JUL 2 5:35			

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JUL 09 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-009381						
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:						
D E F	Name (Last, First, Middle) RAMRAJ, AJIT PAUL				Alias		Race W	Sex M	Date of Birth 10/10/1982
C H A R G E S	Charge Description 316.193(1) DUI				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) -		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone (56) -		Occupation		
The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody . . . ☒ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>2</u> day of <u>July</u>, <u>2017</u> at <u>02:51</u> (Specifically include facts constituting cause for arrest.) On 07/02/2017 at 0251 hours, I responded to the area of 1000 S Federal Hwy, Boca Raton, FL in reference to a possible DUI investigation. Upon arrival, I met with Officer Frenz and he advised he made contact with the driver W/M Ajat Ramraj and he passed out behind the wheel of his 2012 Grey/Blue Nissan bearing FL tag #796XMN. Officer Frenz advised the vehicle was in drive and Ramraj was passed out with his arm hanging out the window. Officer Frenz advised Ramraj appeared to be snoring and his head was slumped down. Officer Frenz could smell alcohol on his breath and he had to wake up Ramraj. Ramraj could not follow basic instructions from Officers Frenz and Fowler. When I spoke with Ramraj he told me he had a few drinks and I could smell a strong alcoholic beverage odor emanating from his breath. Ramraj stated he should not be driving and he appeared to defecate himself. Also, Ramraj had his fly down, his speech was slurred and his eyes were glassy/ bloodshot. He was uneasy on his feet and he was swaying at times while I was on scene. Ramraj advised he did not have any medical problems. At this point I asked Ramraj if he would conduct some roadside exercises and he said no. I advised Ramraj that refusing to perform these exercises can be used against him in a court of law and he refused a second time. Based on the above and my training and experience he was placed under arrest for driving under the influence. I transported Ramraj to the Boca Raton Police Department and Officer Miller conducted the breath tech operation. Ramraj refused to provide a lawful breath sample and I read him implied consent. Ramraj refused again after I read him implied consent. Ramraj was transported to Palm Beach County Jail and his vehicle was towed to Westway Towing on 07/02/2017. The video of the incident was downloaded into evidence on 07/02/2017. Per Florida State Statute 316.193(1), Ramraj did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages/ chemical substances and was affected to the extent that his normal faculties were impaired.									
SWORN AND SUBSCRIBED BEFORE ME DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.40) <u>07/02/2017</u> DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GENDEN, ERIC BRADLEY (680) NAME OF OFFICER (PLEASE PRINT) <u>07/02/2017</u> DATE									
								PAGE 1 OF 1	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

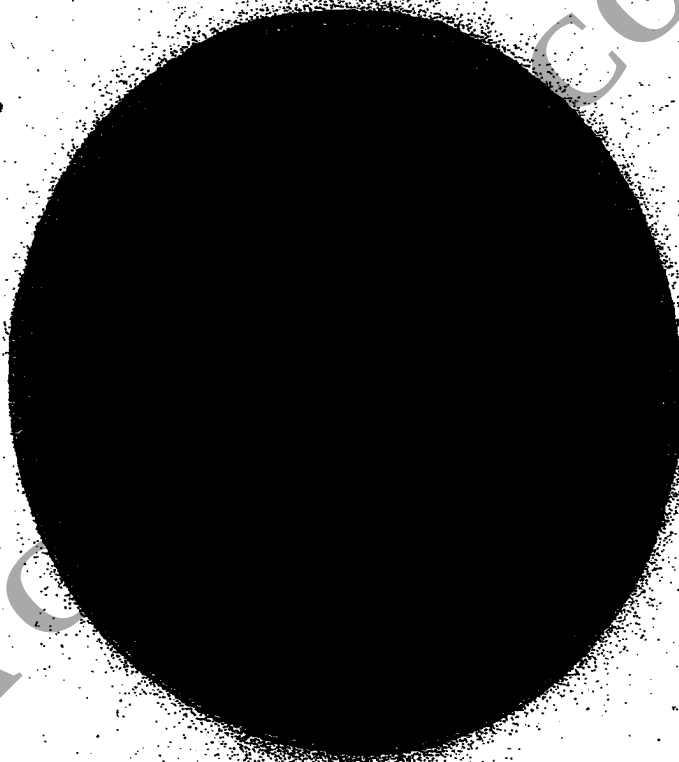
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P. I. O.

1015: 0308
DBS. TIME 0325

D. U. I. INFLUENCE REPORT



Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432

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WITNESS LIST

ARRESTING OFFICER: GENDEN, ERIC

Name: Gendal Phone # Home 338-1234 Work

Address: 100 NW 2ND AVE BOCA RATON, FL 33432

Can testify to: ROADSIDE TASKING

Name: FOWLER Phone # Home 338-1234 Work

Address: _____

Can testify to: INVESTIGATION

Name: RENZ Phone # Home 338-1234 Work

Address: _____

Can testify to: INVESTIGATION

Name: MILLER Phone # Home 338-1234 Work

Address: _____

Can testify to: BOOKING

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-009381

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: SUNDAY, JULY, 2, 2017
(day) (month) (date) (year)

B. The time is now approximately 0356 AM/PM

C. The following is in reference to case number 2017-009381

D. Present at this time is OFF GARDEN / OFF MELLER of the Boca Raton Police
Department. (Officer's Name)

E. Officer GARDEN, Have you arrested ATIT RAMRAJ
In violation of Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr. Mrs. Ms. RAMRAJ, I am required to
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

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Agency Case # 2017-009381**H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.***Note: Read only the paragraph applicable to the type of test you are requesting.*

- A.** I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C.** I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS*Note: Read only if the subject does not comply with your request.*2. I am OFFICER GADDAI of the BRPD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject signature: ON VIDEO**ALSO READ FOR CDL HOLDERS**

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. AJIT RAMRAJ has refused to submit to a breath test.

The date is July (Month) 02 (Day) 2017 (Year) and the time AM/PM

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-009381

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓1) You have the right to remain silent and not answer any questions.
- ✓2) Any statement you make must be freely and voluntarily given.
- ✓3) You have the right to the presence of a lawyer and representation of a lawyer of your choice before you make any statement and during any questioning.
- ✓4) If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statement and during any questioning.
- ✓5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- ✓6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- ✓7) Any statement can be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now _____

What is today's date? _____ What day of the week is it? _____

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Agency Case # 2017-009381

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: _____

Are you sick or injured? Yes ☐ No ☐ If yes, explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes ☐ No ☐ What? _____ When? _____

Do you have: Epilepsy? Yes ☐ No ☐
Glass Eye? Yes ☐ No ☐
False Teeth? Yes ☐ No ☐

Inner ear trouble? Yes ☐ No ☐
Ear Infection? Yes ☐ No ☐
Diabetes? Yes ☐ No ☐

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 4:05 (AM/PM)

The date is: July (month) 2 (day) 2017 (year).

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