

0485562

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

2726

Juvenile 1

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		
ADMINISTRATIVE DEFENDANT CO-DEF JUVENILE CODE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-17-043221					
	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01			
	Location of Arrest (Including Name of Business) 10TH AVENUE N & S. MILITARY TRAIL, GREENACRES, FL 33463				Location of Offense (Business Name, Address) 10TH AVENUE N & S. MILITARY TRAIL, GREENACRES, FL 33463						
	Date of Arrest 02/22/2017		Time of Arrest 23:06		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING		
	Name (Last, First, Middle) PATEL, HITESH, JIVANBHAI										
	Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M	Date of Birth 09/29/1967		Height 5'10"	Weight 185	Eye Color BROWN	Hair Color BLACK	Complexion TAN	Build LARGE
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) N/A						Marital Status MARRIED	Religion NONE	Indication of: Alcohol Influence Drug Influence Y N □ □ □ □		
	Local Address (Street, Apt. Number) 722 N. DIXIE HIGHWAY, LAKE WORTH, FL 33460						Phone (561) 582-6931	Residence Type: 1. City 2. County 3. Florida 4. Out of State			2
	Permanent Address (Street, Apt. Number) 722 N. DIXIE HIGHWAY, LAKE WORTH, FL 33460						Phone (561) 582-6931	Address Source DEFENDANT'S FL D/L			
Business Address (Name, Street) N/A						Phone () N/A	Occupation MOTEL OWNER				
DL Number, State P340330673490, FL			Soc. Sec. Number [REDACTED]			INS Number	Place of Birth (City, State) BAROLEE, INDIA		Citizenship U.S.		
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)									Residence Phone ()		
Address (Street, Apt. Number) (City) () of						(State)	(Zip)	Business Phone ()			
Notified by: (Name)						Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)						Relationship			Date	Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended				Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
Code	S. Sell N. N/A B. Buy T. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge	Charge Description D.U.I.				Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)			Violation of ORD #	
Charge	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17-043221	Warrant / Capias Number						
Charge	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #	
Charge	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #	
Charge	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #	
Charge	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
NOTICE TO APPEAR	Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406										
NOTICE TO APPEAR	Court Date and Time Month MARCH Day 23RD Year 2017 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
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											
 2-23-17 FEB. 23rd 1:05 A.M. Date Signed #38											
ADMIN	HOLD for other Agency Name: [REDACTED]			Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) [PRINT] HITESH PATEL				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S A. SENTMANAT			I.D. # 24968 Transporting Officer A. SENTMANAT #24968 Agency PBSO				
	I.D. # [REDACTED]	Pouch # [REDACTED]									
	Witness here if subject signed where above SCANNED										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22ND DAY OF FEBRUARY 20 17, AT 22:40 AM PM
SUBJECT: PATEL, HITESH, JIVANBHAI CASE NUMBER: 17-043221
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On Wednesday February 22, 2017 at approximately 2234hrs I was on a traffic stop on 10th Avenue N and South Military Trail, Greenacres, FL 33463 when I heard brakes screeching as a gray 2016 Hyundai Tuscan bearing Florida tag #080RZE nearly strikes my marked unit (the overhead emergency lights were activated). The driver attempted to reverse the vehicle when I asked him to stop.

OBSERVATION OF DRIVER:

After nearly striking my marked unit I walked over to the driver's side window. The driver (later identified by his Florida driver's license) O/M Hitesh Jivanbhai Patel (09/29/67) had glassy bloodshot eyes, and he seemed a little confused at first. Patel exited the vehicle and he used the door to steady himself.

DRIVER'S STATEMENTS:

Patel explained that he had been playing volleyball with friends and that they had won the game. Patel cheered and stretched out his arms. He said that after winning he had several beers with his friends but that it was "okay" because he lived just two minutes away.

ODORS:

Patel had a very strong odor of an unknown alcoholic beverage coming from his breath/person.

GENERAL OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: Cooperative

CLOTHING: Blue short, gray sneakers, and a gray t-shirt

MEDICAL/OTHER: None. Had six or seven pins in his right ankle.

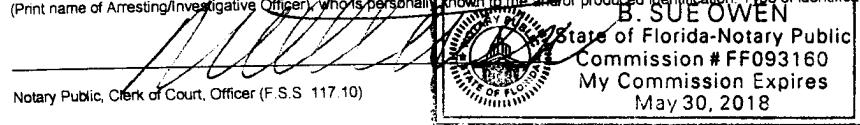
STATE OF FLORIDA
COUNTY OF PALM BEACH

A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of February 20 17 by A. Sentmanat #24968

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



SCANNED
FEB 27 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

While Patel was standing in the starting positions he would be swaying side to side.

WALK & TURN:

As Patel got into the starting position he immediately started the task without being told to or explained what he needed to do. Patel twice came out of the starting position. On step one Patel stepped and appeared to be steadying himself. He made an improper turn and on step three he stumbled to the left.

ONE LEG STAND:

While in the starting position Patel began this task three times after each time being told not to start until he was told to. After demonstrating this task Patel started by raising his right leg behind him and used his arms out to help balance himself. Patel improperly counted and was leaning to the left.

FINGER TO NOSE:

While Patel was in the starting position he was swaying side to side. Patel missed twice with his left hand and four times with his right. He would either touch below the nose or above the tip.

ROMBERG ALPHABET:

Patel completed this task and while standing there I observed him swaying in a star light pattern.

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FEB 27 2017

BREATH TEST RESULTS: 1) 0.208 2) 0.194 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

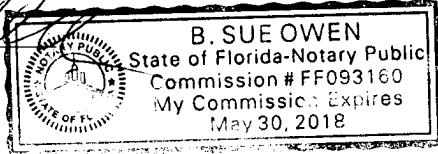
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of February 2017 by A. Sentmanat #24968

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

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



WITNESS LIST

17-043221

CASE NUMBER: _____

A. SENTMANAT

ARRESTING OFFICER: _____

ADDRESS: 2995 South Jog Road, Greenacres, FL 33467

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Driving pattern, roadsides, and B.A.T.

NAME: D/S P. Sanchez #24967

ADDRESS: 2995 South Jog Road, Greenacres, FL 33467

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Driving pattern

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

FEB 27 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Patel, Hitesh Jivanshai CASE NUMBER: 17-643221

DATE: 02/22/17 / 2/23/17 VIDEO TAPE NUMBER: 62180

BEGINNING TIME: 2345 ENDING TIME: 0001

BREATH TESTS RESULTS: 1) .208 TIME 2353 A.M./P.M. 2) .194 TIME 2356 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Kavlecke #64607

TESTING OFFICER'S OBSERVATIONS

SPEECH: slight accent

ATTITUDE: Co-operative, polite

CLOTHING: grey shoes, blue shorts, grey T-shirt

MEDICAL CONDITIONS: 7 screws in right ankle, high blood pressure

MEDICATIONS: None

OTHER: I went to bathroom upon arrival

odor of unknown alcoholic beverage

49 yrs

COMMENTS: AIO & I arrived at 2325 hrs

AIO observed 20 minutes

AIO requested breath test, I agreed

No problems with test.

AIO read C/W & understood rights

tech explained results, refused Q&A

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FEB 27 2017

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

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

SCANNED
FEB 27 2017

SUSPECT'S SIGNATURE: (X) _____ *Read on Cervical*

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

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

DO YOU HAVE: _____

EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

FEB 27 2017