

JKT # 0482552

16CT026901

PCH 30 43

OBTS Number			ARREST / NOTICE TO APPEAR					1. Arrest		3. Request for Warrant		4. Request for Capias		Juvenile						
ADMINISTRATIVE	Agency ORI Number		Agency Name					Agency Report Number (N.T.A.'s only)		16149770										
	FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE					06												
	Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony			<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Weapon Seized / Type				
																Multiple Clearance Indicator				
																1				
	Location of Arrest (Including Name of Business) BOCA WEST DR/YAMATO RD, BOCA RATON, FL 33433						Location of Offense (Business Name, Address) BOCA WEST DR/YAMATO RD, BOCA RATON, FL 33433													
	Date of Arrest 11/9/16		Time of Arrest 0446		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Westway Towing							
	Name (Last, First, Middle) RAMESHWAR, MAHENDRA						Alias (Name, DOB, Soc. Sec. #, Etc.)													
	DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex O		Date of Birth 1/7/61		Height 5-08		Weight 175		Eye Color BRO		Hair Color BRO		Complexion MED		Build MED		
		Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>								
Local Address (Street, Apt. Number) 738 SAN REMO DRIVE, WESTON, FL 33326						(City)		(State)		(Zip)		Phone () UNK		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3						
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Address Source FLDL						
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation						
DL Number, State R526554610070, FL		Soc. Sec. Number				INS Number		Place of Birth (City, State) BOCA RATON, FL				Citizenship US								
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		Indication of: 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		Indication of: 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile								
JUVENILE		Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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 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	Drug Activity N. N/A B. Buy P. Possess	S. Sell T. Traffic	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 DUI				Counts 1	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	Offense # 16149770	Warrant / Capias Number						Bond								
	CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #								
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						Bond									
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #									
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						Bond									
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #									
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						Bond									
NOTICE TO APPEAR	Location (Court, Room Number, Address) SOUTH COUNTY COURT, RM 1, 200 W. ATLANTIC AVE, DELRAY BEACH, FL 33444																			
NOTICE TO APPEAR	Court Date and Time Month DECEMBER Day 12 Year 2016 Time 0830 AM ✓ PM																			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																				
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed																				
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer X			Name Verification (Printed by Arrestee) SCANNED													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest			Name of Arresting Officer (Print) SERRAES			Name Verification (Printed by Arrestee) SCANNED													
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			ID # 19471			(PRINT)													
	Mata Deputy			Pouch #			Transporting Officer SERRAES 19471			ID #			Agency PBSO			NOV - 9 2016				
	DISTRIBUTION: WHITE - COURT COPY			GREEN - STATE ATTORNEY			YELLOW - AGENCY			PINK - AGENCY			GOLD - DEFENDANT (N.T.A.'s ONLY)			PAGE 1 OF 1				
PBSO #148 REV. 8/87																				

NOT A CERTIFICATE



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9TH DAY OF NOVEMBER 2016, AT 0416 AM PM

SUBJECT: RAMESHWAR, MAHENDRA CASE NUMBER: 16149770

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: SERRAES 19471

PERSONAL CONTACT

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

The defendant was observed by Chalon Stewart, backing south in the southbound lanes of Boca West Dr from Yamato Rd. The defendant stopped his vehicle facing north in the southbound lanes of Boca West Dr. As I made contact with him, the defendant was behind the wheel of the vehicle with the vehicle running. The defendant was identified by his Florida License.

OBSERVATION OF DRIVER:

The defendant had glassy eyes and mumbled, slurred speech. The Defendant had an overwhelming odor of an unknown alcoholic beverage emanating from his breath as he spoke. As the defendant exited his vehicle he staggered and had trouble standing straight.

DRIVER'S STATEMENTS:

The defendant stated that he was lost as he was coming from his girlfriends house in Delray Beach. I asked the driver how much he had drank to which he stated "alot". I asked the defendant "what does alot mean? 5?", to which he replied, "way more than that".

ODORS:

Overwhelming odor of an unknown alcoholic beverage emanating from the defendants breath.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **cooperative**

CLOTHING: **normal**

MEDICAL/OTHER: **None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

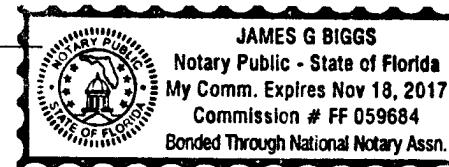
SERRAES 19471

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of November 2016 by D/S SERRAES

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

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

The defendant swayed heavily during the task and had trouble focusing on the stimulus. The defendant almost fell over at one point and had to be held up. The defendant had glassy eyes and vertical nystagmus was also observed.

WALK & TURN:

Not conducted due to safety reasons.

ONE LEG STAND:

Not conducted due to safety reasons

FINGER TO NOSE:

I explained and demonstrated the task to the defendant who stated that he understood. The defendant did not close his eyes or tilt his head back. On left command, the defendant brought left finger to tip of nose and failed to return on his own. On right command, defendant brought right finger to tip of nose, failed to return on his own. On left command, defendant brought left finger to nose tip, and failed to return on his own. On right command, defendant brought his right finger to the tip of his nose, failed to return on his own. On left command, the defendant brought his left finger to the tip of his nose, failed to return. On left command, defendant brought his right finger to the tip of his nose, failed to return. On right command, defendant brought right finger to nose tip, failed to return on his own.

ROMBERG ALPHABET:

I explained and demonstrated the task to the defendant who stated that he understood. The defendant stated the letters A thru P, then stopped. The defendant then made a second attempt stating ABCDEFGHIJKLMNOPQRSTUVWXYZ. Defendant swayed heavily during the task

BREATH TEST RESULTS: 1) .236 2) .236 3) 4)

STATE OF FLORIDA
 COUNTY OF PALM BEACH

SERRAES 19471
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of November 2016 by D/S SERRAES

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

JAMES G BIGGS

Notary Public - State of Florida

My Comm. Expires Nov 18, 2017

Commission # FF 059684

Bonded Through National Notary Assn.

WITNESS LIST

16149770

CASE NUMBER:

ARRESTING OFFICER: **SERRAES 19471**

ADDRESS: **17901 STATE ROAD 7, BOCA RATON, FL 33498**

PHONE NUMBERS (HOME): _____ (WORK) **5616876510**

CAN TESTIFY TO: **DUI INVESTIGATION**

NAME: **D/S JONES #5193**

ADDRESS: **17901 STATE ROAD 7, BOCA RATON, FL 33498**

PHONE NUMBERS (HOME) _____ (WORK) **5616883000**

CAN TESTIFY TO: **BACK UP OFFICER**

NAME: **CHALON STEWART**

ADDRESS **20540 COUNTRY CLUB BLVD STE104, BOCA RATON, FL 33433**

PHONE NUMBERS (HOME) _____ (WORK) **5614881598**

CAN TESTIFY TO: **WITNESS**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO-SERRAES

SUBJECT: RAMESHWAR, MAHENDRA N

CASE NUMBER: 16-149770

DATE: Nov 9, 2016

VIDEO DVD NUMBER: 61623

BEGINNING TIME: 0543

ENDING TIME: 0611

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

.236 0608

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHEDMOUTH, UNINTELLIGABLE

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SHIRT, TAN PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, MOSTLY SHUT
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT
SUBJECT UNSTEADY ON FEET, ALMOST FELL SEVERAL TIMES

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0520
SUBJECT HAD TO BE ESCORTED TO YELLOW "X" AS SUBJECT WAS UNABLE TO STAND OR WALK
SUBJECT AGREED TO SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS
SUBJECT HAD A HARD TIME WITH THE FIRST SAMPLE
SUBJECT DID GIVE 4 MORE VALID SAMPLES, HOWEVER THERE WAS A CONTROL OUTSIDE TOLERANCE
SUBJECT WAS READ MIRANDA
RESULTS WERE GIVEN
SUBJECT REFUSED THE QUESTIONS

JECT: Rameshwar, Mahendra N CASE NUMBER: 16-149770

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

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

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

JECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SPECT'S SIGNATURE: (X) _____

JECT: Rameshwar, Mahendra N CASE NUMBER: 16-149770

QUESTIONS AND ANSWERS

I'M 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? _____

WERE YOU GOING? _____

AT STREET OR HIGHWAY WERE YOU ON? _____

IRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

AT COUNTY AND CITY ARE YOU IN NOW? _____

EN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

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

W MUCH? _____ WHERE? _____ WITH WHOM? _____

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

W DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

AT? _____ WHERE? _____ WHEN? _____

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

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

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

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

RE YOU IN AN ACCIDENT TODAY? _____

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

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

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

YOU HAVE: EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

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

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

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

VIEWER: _____