

JK-F # 0482552

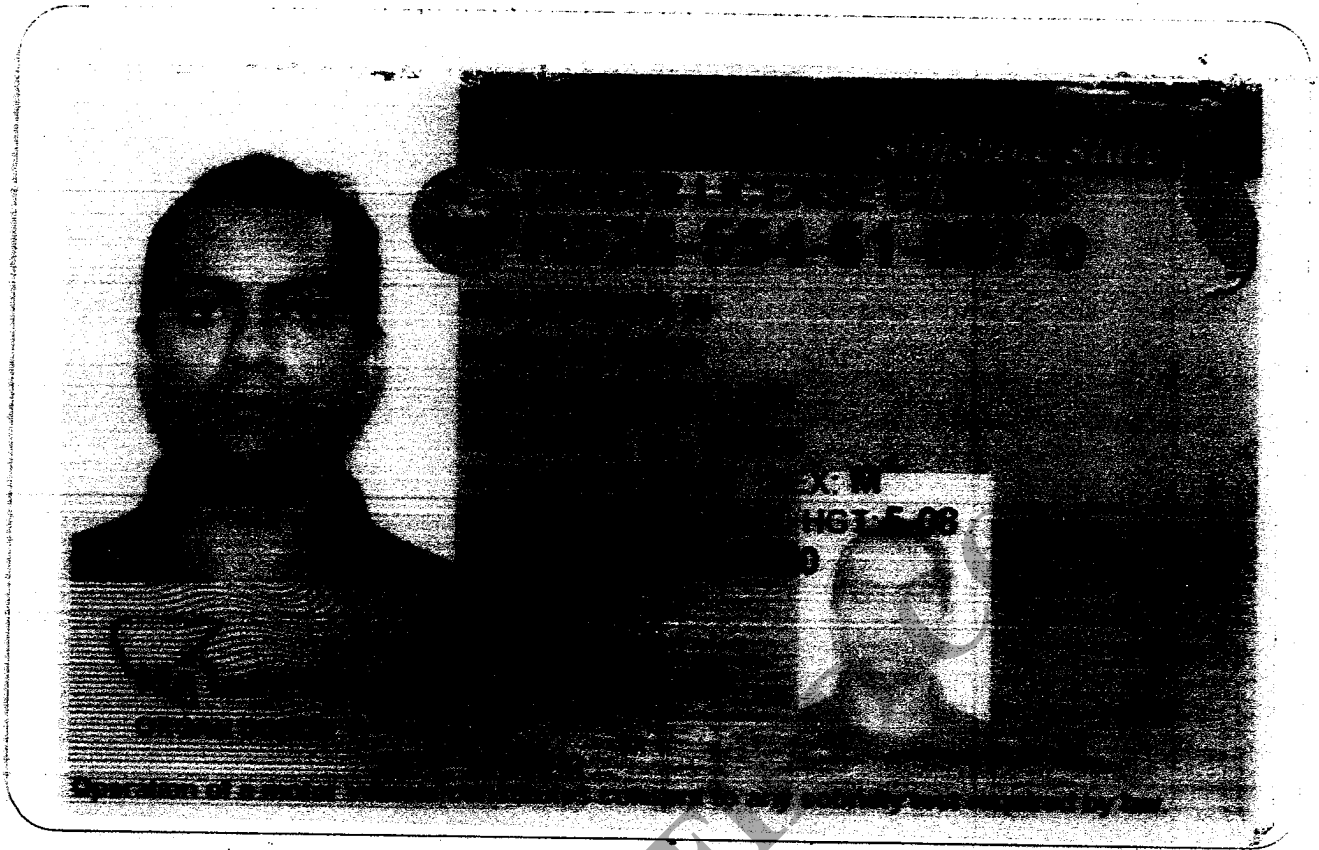
1601020901

PCH 30 43

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16149770							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		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	
Name (Last, First, Middle) RAMESHWAR, MAHENDRA				Alias (Name, DOB, Soc. Sec. #, Etc.) Westway Towing							
Race W - White I - American Indian B - Black O - Oriental/Asian O		Sex M		Date of Birth 1/7/61		Height 5-08		Weight 175		Eye Color BRO	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Build MED	
Local Address (Street, Apt. Number) 738 SAN REMO DRIVE, WESTON, FL 33326				(City) ()		(State) ()		(Zip) ()		Phone () UNK	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone ()	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()	
D/L Number, State R526554610070, FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) BOCA RATON, FL		Citizenship US			
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)		(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							
Drug Activity N. N/A P. Possess		S. Sell B. Buy 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 Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16149770		Warrant / Capias Number		Bond OR	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) SOUTH COUNTY COURT, RM 1, 200 W. ATLANTIC AVE, DELRAY BEACH, FL 33444											
Court Date and Time Month DECEMBER Day 12 Year 2016 Time 0830 AM <input checked="" type="checkbox"/> 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) [Signature]											
Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer X				Name of Arresting Officer (Print) SERRAES			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				I.D. # 19471			
Witness Deputy [Signature]				Pouch #				Transporting Officer SERRAES 19471			
ID #				Agency PBSO				Witness her/his subject signed with an "X"			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

SCANNED

NOV - 9 2016



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

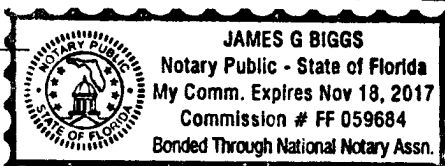
SERRAES 19471

(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)



SUBJECT: RAMESHWAR, MAHENDRA

CASE NUMBER 16149770

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ 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

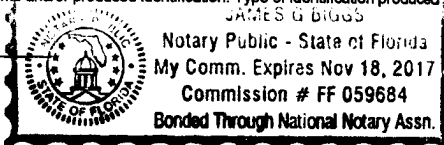
(Signature of Arresting/Investigative Officer)

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/Clerk of Court, Officer (F.S.S. 117.10)



WITNESS LIST

CASE NUMBER: **16149770**

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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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: _____

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) V/.223 TIME 0550 A.M. ☒ P.M. ☐ 2) .224 TIME 0555 A.M. ☒ P.M. ☐
3) .227 TIME 0559 A.M. ☒ P.M. ☐ 4) .236 TIME 0605 A.M. ☒ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

.236 0608

MAINTENANCE TECHNICAN: D/S J Karkleck #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 FEEL 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

SUBJECT: 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 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, _____ of the _____

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:

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) _____

SUBJECT: Rameshwar, Mahendra. N CASE NUMBER: 16-149770

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? _____

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

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

AT? _____ WHERE? _____ WHEN? _____

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

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

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

DID 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 - JUV