

AD M I N I S T R A T I O N	ORFS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE			
	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 17-008178						
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator 1						
	Location of Arrest (Including Name of Business) 800 NW 2ND ST, DELRAY BEACH, FL		Location of Offense (Business Name, Address) 800 NW 2ND ST, DELRAY BEACH, FL 33444								
D E F E N D A N T	Date of Arrest 05/23/2017	Time of Arrest 02:28	Booking Date 05/23/2017	Booking Time 03:10	Jail Date / /	Jail Time :	Location of Vehicle				
	Name (Last, First, Middle) KAMBERAJ, RYAN TYLER		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W M	Date of Birth 02/11/1992	Height 5'07	Weight 150	Eye Color BLUE	Hair Color BLOND OR	Complexion LIGHT	Build MEDIUM	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion N/A		Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
J U V E N I L E	Local Address (Street, Apt. Number) 48 NW 10TH AVE, DELRAY BEACH, FL 33444		(City) (State) (Zip)		Phone (716) 955-9397		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number) 48 NW 10TH AVE, DELRAY BEACH, FL 33444		(City) (State) (Zip)		Phone (716) 955-9397		Address Source Verbal				
	Business Address (Name, Street) ,		(City) (State) (Zip)		Phone		Occupation				
	D/L Number, State 409892213 / NY		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) BUFFALO, NY, United		Citizenship US		
C O D E F	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				
P A R E N T	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone						
	<input type="checkbox"/> Legal Custodian		(City) (State) (Zip)		Business Phone						
	Address (Street, Apt. Number) (1) 3000.00		(City) (State) (Zip)								
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
C H A R G E	Released To: (Name)		Relationship		Date	Time					
	The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade						
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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
C H A R G E	Charge Description POSSESSION OF COCAINE		Statute Violation Number 893.13 (6 A)		Violation of ORD #						
	Drug Activity P	Drug Type C	Amount / Unit 1.00 / GM	Offense # 17-008178	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond			
	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Detritants <input type="checkbox"/> Injuries		Explain:						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To				
N O T I C E	Transported By		Date Transported	Time Transported	Other						
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available				
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		PAGE 1 OF 1				
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) CULBERSON, ANDREW E.		I.D. # 1135				
	Inmate Deputy D/S Wellington 741		I.D. # 741		Pouch #		Transporting Officer HUYETT				
	I.D. # 1051		Agency DBPD		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					

OBS 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 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-008178				
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F E N D A N T	Name (Last, First, Middle) KAMBERAJ, RYAN TYLER					Race W	Sex M	Date of Birth 02/11/1992	
C H A R G E S	Charge Description 893.13 (6 A) POSSESSION OF COCAINE								
	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)					Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>23</u> day of <u>May</u>, <u>2017</u> at <u>03:16</u> (Specifically include facts constituting cause for arrest.)</p> <p>The following occurred in the City of Delray Beach, Palm Beach, County, Florida.</p> <p>On 05/23/2017 at 0209 hours, I observed a white male squatting in the roadway in the 800 block of NW 2nd St. I made contact with the subject, Ryan Kamberaj, who was squatting over pills spilled on the roadway. Kamberaj said that he pulled his pill bottle out of his backpack and they spilled on the ground. I observed a number of different pills, which Kamberaj was collecting and placing in one prescription pill bottle.</p> <p>Ofc. Lunsford asked for consent to search, and Kamberaj agreed. I searched Kamberaj and found a small, clear, zip top baggie containing a white powdery substance in Kamberaj's left pocket of his gym shorts. Based on my training and experience I suspected the substance to be cocaine. I field tested the substance utilizing a Lynn and Peavy Cocaine Swab Quickcheck Kit, which yielded a positive result for cocaine.</p> <p>I arrested Kamberaj and transported him to the Delray Beach Police Department's Temporary Holding Facility where I searched him again. I found two more small, zip top baggies inside Kamberaj's left gym shorts pocket. Each baggie contained a white powdery substance which I suspected to be cocaine. I field tested the substance in each baggie with a Lynn and Peavey Cocaine Swab Quickcheck kit and both substances yielded positive results for cocaine. Approximate weight of all three zip top baggies is one gram.</p> <p>Based on the above stated facts, probable cause exists to charge Kamberaj with one count of possession of cocaine pursuant to F.S.S. 893.13 (6 A).</p>									
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>STEVENSON, RODNEY <i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>05/23/2017</u></p> <p>DATE</p>								
	<p><i>[Signature]</i> <i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>CULBERSON, ANDREW E (1135)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>05/23/2017</u></p> <p>DATE</p>								
	<p>PAGE</p> <p>1 OF 1</p>								

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