

2017mm000290K44113

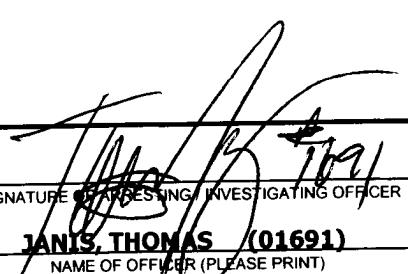
ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1 JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR						1 JUVENILE	
Agency ORJ Number		Agency Name				Agency Report Number (N.T.A.'s only)				
0500800		West Palm Beach Police Department				9 4 2017-0000410				
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)						NOT APPLICABLE		
2077 N MILITARY TR WPB, FL 33407		3900 N MILITARY TRL/SHENANDOAH DR, WEST PALM								
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time		Location of Vehicle		
01/07/2017		00:53	01/07/2017	01:03	// : :					
Name (Last, First, Middle) DESAI, SANKET BHARAT										
Alias: Alias:										
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M	Date of Birth 10/01/1992	Height 5'07	Weight 120	Eye Color BROWN	Hair Color BLACK	Complexion DARK	Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence	
Local Address (Street, Apt. Number) 4670 PORTOFINO WAY 306, WEST PALM BEACH, FL 33409						Phone (215) 767-5948		Residence Type: 1. City 3. Florida 2. County 4. Out of State		
Permanent Address (Street, Apt. Number) 4670 PORTOFINO WAY 306, WEST PALM BEACH, FL 33409						Phone (215) 767-5948		Address Source VERBAL		
Business Address (Name, Street)						Phone		Occupation Unemployed		
D/L Number, State 29872161 / PA		Soc. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA, PA,		Citizenship US		
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						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		
Released To: (Name) Relationship						Date	Time	2. TOT JAC 3. Incarcerated		
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				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property				
Value of Property										
Yes, by: <input type="checkbox"/> No: <input type="checkbox"/>										
Drug Activity S. Sell R. Smuggle K. Disperses/ N. N/A B. Buy D. Deliver M. Manufacture/ P. Possess T. Traffic E. Use Distribute						Drug Type N. N/A C. Cocaine B. Barbiturate A. Amphetamine E. Heroin H. Hallucinogen O. Opium/Deriv. S. Synthetic P. Paraphernalia/ Equipment	U. Unknown Z. Other			
Charge Description POSSESS MARIJUANA NOT MORE THAN 20 GRAMS						Statute Violation Number 893.13(6B)		Violation of ORD #		
Drug Activity Drug Type Amount / Unit N / Offense # 2017-0000410						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		
Charge Description						Statute Violation Number				
Drug Activity Drug Type Amount / Unit / Offense #						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		
Charge Description						Statute Violation Number				
Drug Activity Drug Type Amount / Unit / Offense #						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		
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"/> Deformities <input type="checkbox"/> Injuries Explain:				
Check which applies: <input checked="" type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By	Released To	
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) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 01/14/2017 13:00:00 3228 GUN CLUB ROAD				No Photo Available
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										
COUNTY CRIMINAL BEXAR COUNTY, FLORIDA						Signature of Defendant (or Juvenile and Parent/Custodian)				
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed				
HOLD for Other Agency 11:5 AM - 6 JAN 9 2017						Signature of Arresting Officer				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						Name of Arresting Officer (Print) JANIS, THOMAS		I.D. # 01691	Name Verification (Printed by Arrestee) (PRINT)	
Imake Deputy						Transporting Officer JANIS, THOMAS	1. D. # 1671	Agency WMD	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

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 N G E R S	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2017-0000410								
Charge Type: Check as many as apply: 1. Felony 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		Special Notes:							
D E F I M	Name (Last, First, Middle) DESAI, SANKET BHARAT				Alias		Race W	Sex M	Date of Birth 10/01/1992		
C H A R G E S	Charge Description 893.13(6B) POSSESS MARIJUANA NOT MORE THAN 20 GRAMS		Charge Description								
V I C T I M	Charge Description		Charge Description								
Victim's Name (Last, First, Middle) State Of Florida						Race	Sex	Date of Birth			
Local Address (Street, Apt. Number) Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Address Source				
<p>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.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>January</u>, <u>2017</u> at <u>01:53</u> (Specifically include facts constituting cause for arrest.)</p>											
<p>On January 6th, 2017 at approximately 2345 hours I along with Ofc. Varriale made a traffic stop in the 2000 Block of North Military Trail for an expired tag AZ # BNA7692. The vehicle was driven by Sanket Desai w/m dob: 10-1-1992, he also had a passenger Jennifer Smith w/f dob: 6-18-1991.</p> <p>During the traffic stop I discovered that Desai had an expired Drivers License out of Pennsylvania, which expired on October 2, 2016. After learning this information I removed both occupants from the vehicle to search the interior for contraband. As I was removing Desai I smelled a strong odor of burnt marijuana coming from inside the vehicle. As I search I found a half burnt Marijuana cigarette in the ash try of the vehicle. Further searching revealed a clear glass mason jar with a small amount of marijuana inside. After weighing the marijuana it had a total weight of .3 grams. During my arrest of Desai, his passenger tried to interfere with me taking Desai into custody by placing herself in between me and Desai. Ofc Treu was on scene and took Jennifer Smith into custody for Obstruction.</p> <p>At this time I determined there is probable cause to charge Smith with one count of Obstruction without Violence pursuant to FSS 843.02 and charge Desai with one count of Possession of Marijuana less than 20 grams pursuant to FSS 893.13(6b).</p>											
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>140</i> 2066		 SIGNATURE OF ARRESTING/INVESTIGATING OFFICER JANIS, THOMAS (01691) NAME OF OFFICER (PLEASE PRINT) 01/07/2017 DATE								
ADMINISTRATIVE	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 1/7/17 DATE										
COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL		CRIME ANALYSIS		P.I.O.	