

W17mm000290644/MS

ARREST / NOTICE TO APPEAR

OBTS Number			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9 4 2017-0000410</b>			
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 <b>NOT APPLICABLE</b>		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>2077 N MILITARY TR WPB, FL 33407</b>			Location of Offense (Business Name, Address) <b>3900 N MILITARY TR / SHENANDOAH DR, WEST PALM</b>			
Date of Arrest <b>01/07/2017</b>	Time of Arrest <b>00:53</b>	Booking Date <b>01/07/2017</b>	Booking Time <b>01:03</b>	Jail Date <b>// ::</b>	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>DESAI, SANKET BHARAT</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian <b>W</b>			Sex <b>M</b>	Date of Birth <b>10/01/1992</b>	Height <b>5'07</b>	Weight <b>120</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>DARK</b>	Build <b>Small</b>
Local Address (Street, Apt. Number) <b>4670 PORTOFINO WAY 306, WEST PALM BEACH, FL 33409</b>			(City)	(State)	(Zip)	Phone <b>(215) 767-5948</b>
Permanent Address (Street, Apt. Number) <b>4670 PORTOFINO WAY 306, WEST PALM BEACH, FL 33409</b>			(City)	(State)	(Zip)	Phone <b>(215) 767-5948</b>
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
D/L Number, State <b>29872161 / PA</b>			Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>PHILADELPHIA, PA,</b>	Citizenship <b>US</b>
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"/> 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 Department and Released 2. TOT JAC 3. Incarcerated	
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	
Drug Activity S. Sell B. Buy P. Possess T. Traffic 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 U. Unknown Z. Other	
Charge Description <b>POSSESS MARIJUANA NOT MORE THAN 20 GRAMS</b>			Statute Violation Number <b>893.13(6B)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2017-0000410</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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
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
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			
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 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) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>		No Photo Available	
			Court Date and Time <b>01/14/2017 13:00:00</b>			
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			
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) <b>JANIS, THOMAS</b> I.D. # <b>01691</b>		(PRINT)	
Intake Deputy			Pouch #		Transporting Officer	
					Witness here if subject signed with an "X".	

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2017-0000410</b>			
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle) <b>DESAI, SANKET BHARAT</b>		Alias		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>10/01/1992</b>	
Charge Description <b>893.13(6B) POSSESS MARIJUANA NOT MORE THAN 20 GRAMS</b>		Charge Description		Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
Address Source		Occupation		Occupation		Occupation		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 _____      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</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 Jennier 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>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>2066</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>1/7/17</u> DATE</p> <p><u>[Signature]</u> SIGNATURE OF INVESTIGATING OFFICER</p> <p><b>JANIS THOMAS (01691)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><u>01/07/2017</u> DATE</p>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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