

Name: ASHOKA INDIAN CUISINE (3642 ROCHESTER RD)

Date: 3/4/05

Nature: SALE TO MINOR

- ✓ History File
- ✓ Incident Report
- ✓ MLCC Violation Report
- ✓ MLCC Hearing Disposition
- ✓ City Summons Disposition

## **Liquor Contact Info**

**Business Name:** Ashoka Indian Cuisine

**Address:** 3642 Rochester Troy MI 48083

**Contact Names:**

1. Bharath Reddy
2. Raveena Reddy
- 3.
- 4.

**Attorney:**



Michigan Department of Consumer & Industry Services  
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)

7150 Harris Drive - P.O. Box 30005  
Lansing, Michigan 48909-7505  
Phone (517) 322-1390 ~ FAX (517) 322-6347

**VIOLATION REPORT**  
(Authorized by P.A.58 of 1998)

\* This report is not to be faxed or electronically submitted - an original signature is required\*

**\* Officers please obtain License No., Bus. ID and File # directly from the liquor license \***

License No. 101151-2004 SS Business ID 137164 File # \_\_\_\_\_  
101152-2004

1. Name of Licensee B & R ENTERPRISES INC 2. Doing Business As ASHOKA INDIAN CUISINE

3. Mailing Address (street, city, zip code) 3642 Rochester Road; Troy 48083

4. Township \_\_\_\_\_ 5. County Oakland

6. Type of License(s) & Permit(s) Class C; SDM

7. Date of Violation: \_\_\_\_\_ Friday \_\_\_\_\_ 03/04/05 \_\_\_\_\_ 1735 \_\_\_\_\_  AM or  PM  
(DAY) (DATE) (HOUR)

8. Violation Type:  Minor  
 Intoxicated Person  After hours sales/consumption  
 Gambling  Fighting (must be inside licensed premises)  
 Controlled Substances  Failure to Cooperate  
 Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date 04/17/85 Was this a DECOY ?  Yes  No If no, you MUST answer below:  
If above minor violation was NOT a decoy describe enforcement action taken:

**COPY OF APPEARANCE TICKET MUST BE ATTACHED**

9. Submit Report Below or Indicate Attached Report # 05-7276

\* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.\*

Officer Signature [Signature] Name and Title (print) Brian Warzecha, Police Officer

Officer Signature [Signature] Name and Title (print) Milton Stansbury, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name \_\_\_\_\_ Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Was served alcoholic beverage; no request for identification

2. Name \_\_\_\_\_ Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Witness to alcoholic beverage being served with no request for identification

3. Name Aldrin Saldanha Address 32322 Concord Dr; Madison Hts MI

Will testify to: Served alcoholic beverage to minor

4. Name Officer Brian Warzecha Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

5. Name Officer Milton Stansbury Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain): 12 ounce bottle of Bud Light beer  
Property tag No. 131012

TROY POLICE DEPARTMENT

INCIDENT REPORT

SUPP

500 W. Big Beaver - Troy, MI 48084-5285  
ORI # M16378400

PAGE 1 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER	
01	03.04.04	FRI	02	52	061	024	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	05	7276	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY				
02	1.7.30	17.30	1.7.30	1.8.40	03.04.05	1.7.30	18.40	17 F.R.1			
03	LOCATION / ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)			LOCATION 2 (INTERSECTING STREET)					
03	3642		ROCHESTER RD								
04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE					
04	Troy	MI	48083	L	ASHOKA INDIAN CUISINE	248-689-7070					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED	PATROL	GEOGRAPHIC		
05	RESTAURANT				86.40	<input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER	<input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> MDT	<input type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	05		
06	NATURE OF OFFENSE #1		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)	
06	LCC VIOLATION			2235	DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	0	0			B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY		
07					DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>						
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY		
08					DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>						
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS	
09					DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>						

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST FIRST MIDDLE SUFFIX)	RAC	SEX	DOB	AGE			
V 10	1.8			W	F	04.28.85				
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP					
I 11		C/O Troy PD								
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.					
G 12		248-3477			Decey					
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
I 14	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	96 STRANGER 99 UNKNOWN	/		
M 15	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/		

A 16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
A 16	(S)	01	SALDANHA, ALDRIN	U	M	04.29.70		
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
A 17	6.0.3	E. 29th ST #26	BRYAN	TX	77803			
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 18	248-689-7070	248-689-7070						
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			
R 19	TX	21799477						
E 20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			
E 20					683820			

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
S 21	SALE TO MINOR	2200	03.04.05	52	061	024	4R		
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
T 22									
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input checked="" type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y ARREST <input type="checkbox"/> COUNT <input type="checkbox"/> N INDICATOR <input type="checkbox"/> N / A	UPON ARREST <input type="checkbox"/> Y ARMED WITH <input type="checkbox"/> N (ENTER "A" IF AUTO)	<input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM	<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 13 <input type="checkbox"/> 14	<input type="checkbox"/> 20 <input type="checkbox"/> 30	ARREST ORIGIN <input type="checkbox"/> DISP <input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL
23	S		N	Y					FOP

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
24	EC	12oz BOTTLE BEER		1		BUD LIGHT				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
25							TAGGED & INITIALED			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
26	\$	\$	\$	131012	Locker #19					
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
27										
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS
28										

29	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
29	M. STANSBURY #24 / B. WARZECHA #61	M	WMM

PERSON REPORT

01	DATE 03.04.05	DAY FRI	SHIFT 02	PLATOON 52	BADGE 1 061	BADGE 2 034	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 05	INCIDENT NUMBER 7276		
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PEAS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIB												
V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MUNKUTLA, RAMMONAY						RAC WM	SEX M	DOB 022468	AGE
I 03	ADDRESS 3642	(DIRECTION, STREET, SUFFIX, QUALIFIER) ROCHESTER RD						CITY Troy	STATE MI	ZIP 48083		
C 04	HOME PHONE	BUSINESS PHONE 248 689-7070	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. MANAGER							
T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS	<input type="checkbox"/> S SOCIETY / PUBLIC <input type="checkbox"/> O OTHER <input type="checkbox"/> P POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> N NONE <input type="checkbox"/> B BROKEN BONE	<input type="checkbox"/> M MINOR INJURY <input type="checkbox"/> O MAJOR INJURY	<input type="checkbox"/> I POSS. INT. INJURIES <input type="checkbox"/> L SEVERE LACERATION	<input type="checkbox"/> T LOSS OF TEETH <input type="checkbox"/> U UNCONSCIOUSNESS	<input type="checkbox"/> F FATAL			
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE			
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE						
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER						
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						
V 08	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC WM	SEX M	DOB 110986	AGE
I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER) c/o Troy PD						CITY	STATE	ZIP		
C 10	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DECOY							
T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS	<input type="checkbox"/> S SOCIETY / PUBLIC <input type="checkbox"/> O OTHER <input type="checkbox"/> P POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> N NONE <input type="checkbox"/> B BROKEN BONE	<input type="checkbox"/> M MINOR INJURY <input type="checkbox"/> O MAJOR INJURY	<input type="checkbox"/> I POSS. INT. INJURIES <input type="checkbox"/> L SEVERE LACERATION	<input type="checkbox"/> T LOSS OF TEETH <input type="checkbox"/> U UNCONSCIOUSNESS	<input type="checkbox"/> F FATAL			
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE			
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE						
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER						
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						
A 14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP		
R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #							
E 18	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
T 21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED	13 RIFLE	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PE <input type="checkbox"/> TI				
A 22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP		
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #							
E 26	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
T 29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED	13 RIFLE	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PE <input type="checkbox"/> TI				
S 30	INVESTIGATING OFFICER(S): M. STANSBURY #24 / B. WARZECHA #61						REVIEWED BY:	ATTENTION TO:				

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS		PRIM CLASS	YEAR	7149
	03/03/05	THU	02	52	61	24	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF	<input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		05	

**INCIDENT:** LCC VIOLATION

**LOCATION:** ASHOKA INDIAN CUISINE, 3642 ROCHESTER RD., TROY

**BACKGROUND:** Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, \_\_\_\_\_ entered Ashoka Indian Cuisine and Officers maintained surveillance from the outside of the restaurant. After several minutes Officers observed student enforcement aid \_\_\_\_\_ exit the establishment. \_\_\_\_\_ advised Officers that \_\_\_\_\_ was served an alcoholic beverage. \_\_\_\_\_ stayed at the table to preserve the evidence. Officers entered the establishment and met \_\_\_\_\_ at the table.

**INTERVIEW WITH** \_\_\_\_\_ stated that after being seated at a table the waiter, who was later ID as Aldrin Saldanha asked if they would like an appetizer. She replied that they would like to order a drink. \_\_\_\_\_ asked for a Bud Light. Saldanha placed the open bottle of Bud Light in front of \_\_\_\_\_ and then poured it into a glass. He then left the table but returned a short time later asking for identification. Officers entered the establishment and made contact with Salanaha who was still standing at the table. \_\_\_\_\_ then exited the establishment. Officer Stansbury made contact with the manager, \_\_\_\_\_

**OFFICERS ACTIONS:** Both were advised that a minor had just been served an alcoholic beverage. Officer Stansbury made contact with the manager Rammohau Munukutla and advised him of the violation. Munukutla provided us with his liquor license and an LCC violation report was completed. Saldanha completed a witness statement and admitted to serving the drink before asking for ID. Salanaha was cited for serving an alcoholic beverage to a minor/failure to make a diligent inquiry (683820). The Bud Light was confiscated and tagged as evidence (131012).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan  
Uniform Law Citation

Ticket No. 683820

Victim Involved

US DOT #

Incident No. 05-7276

Dept. No. 784

The People of  the State of Michigan  
 Township  City  Village  County

Local Use/Arrest No.

Detection Device

OF TROY BAC

THE UNDERSIGNED SAYS THAT ON Month 03 Day 04 Year 05 At approximately 5:30 A.M. Date of Birth 04 29 70

State TX Driver's License Number Social Security No.

Race Sex M Height Weight Hair Eyes Occupation/Employer ASHOKA INDIAN

Name (First, Middle, Last) ALDRIN SALDANHA

Street 603 E. 29TH ST #26

City BRYAN State TEXAS Zip Code 77803

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of  Local Ordinance  State Law  Administrative Rule UPON 3642 ROCHESTER

AT OR NEAR Bishop

WITHIN  CITY  VILLAGE  TOWNSHIP OF TROY

COUNTY OF OAKLAND DID THE FOLLOWING

Type	MCL Cite/Pacc Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd	CHAP. 98	SALE TO MINOR FAILED TO MAKE DILIGENT ENQUIRY	1
<input type="checkbox"/> C/I			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Fel			
<input type="checkbox"/> Waiv			
<input type="checkbox"/> Misd			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Fel			
<input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Fel			
<input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 2 3

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Remarks TEXAS I.O. NEW ADDRESS = MADISON HTS 32322 CONCORD DR., BLDG #19

CHECK IF APPROPRIATE  Damage to Property  Local Court Bond \$  License Posted in Lieu of Bond  Appearance Certificate  Vehicle Impounded  Injury  Death  Person in Active Military Service  Yes  No  None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before 03-16-05 / 8:30 AM

Hearing Date (if applicable) on Contact Court  Juvenile Traffic Misd. (Court will Notify)  Formal Hearing Required. (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number 520 W. BIG BEAVER RD., TROY, MICHIGAN 48084 PHONE: (248) 528-0400

I served a copy of the complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable Month 03 Day 04 Year 05

Officer's Name (printed) M. STANSBURY Officer's ID No. 24

Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT

UC-01a (rev. 9/02) Court Copy-1

Ticket 683820 Name Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06  
XFER TKT# 01 05 683820  
CASE 05 001041 PS 01 TYPE OM DEF NAME ALDRIN,,SALDANHA,  
SOC SEC 000000000 SEX M RACE DOB 042970 LIC # TX NONE  
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE  
CHARGE CODE JUDGE 10  
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 031705  
SENTENCE DATE 031705 ARREST DATE JUDGMENT PRINT DATE 060605  
FINES & COSTS 155.00 TO BE PAID BY 031705 REST OTHER 50.00  
JSA 45.00 JAIL TIME: TIME CREDIT ACTUAL  
IMMB DATE # OF DAYS VIN VEH YR  
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED  
PROBATION: TIME TOT POE W/R W/E BEG DTE  
OTHER:

CIRC: TCN# PROB OFFICER:  
CTN # SID # CLEMIS # 057276 JAIL #  
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB  
PS YR 05 NO 001041 MSP PDC C001 SEQ FUNCTION DS MODE I

<b>Violation History of Business:137164 B &amp; R ENTERPRISES, INC.</b>			
<b>Violation Date</b>	<b>MLCC Complaint Number</b>	<b>Violation Description</b>	<b>Decision or Event</b>
5/3/01	61839	1) SALE TO MINOR- (19): 2) SALE TO MINOR- I (19): (TROY PD/FAIR & WALTON)	6/26/2001 LIC ACK - COMM WEATHEI 7/13/2001 1)2) \$350 EA CHG - TOTAL 35 DAYS SUSP SEC 801(2)
3/4/05	87929	SALE TO MINOR - (19): (TROY PD/ /CK ALDRIN SALDANHA)	6/14/2005 HEARING HELD MOURNING/ASEVEDO/GIBSON ACK C \$10.00 6/20/2005 \$500 OR 25 DAY SUSP. & W/FEEES TOTAL \$510 SEC.801(2)

# LCC Liquor Licensee History

Business name: **Ashoka Indian Cuisine**  
 Address: 3642 Rochester Rd. (248) 689-7070  
 Licensee: B & R Enterprises, Inc.  
 License type: **Class C** (transfer)(101151-2002) **SDM** (101152-2002)  
 Permits: Sunday Sales, Entertainment, Official Permit (Food)  
 Comments: Raveena and Bharath Reddy, (248) 373-2126

Date	Troy Incident #	Type	Disposition	Date
02/19/01		Council approves license transfer from C & P Mine Co., Rochester Hills New licensees, B&R Enterprises, Inc. Raveena and Bharath Reddy		
<b>05/03/01</b>	<b>01-15403</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$700 (2 x \$350)</b>	<b>07/13/01</b>
06/06/01	01-19818	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29496	Compliance Test	PASSED	
08/28/01	01-??	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/02/01	01-35420	Compliance Test	PASSED	
10/16/01	01-37327	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
<b>02/25/02</b>		<b>City Council Public Hearing: Resolution-Train/Re-Train ALL alcohol serving employees in TIPS/TAM with proof to PD in 60 days</b>		
02/26/02	02-06155	Compliance Test	PASSED	
<b>04/30/02</b>		<b>Proof Received</b>		
04/30/02	02-13430	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20608	Compliance Test	PASSED	
07/25/02	02-24144	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/18/02	02-30860	Liquor Inspection (Road Patrol- Sewell)	NO VIOLATIONS	
10/11/02	02-33529	Compliance Test	PASSED	
12/03/02	02-39187	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	

01/08/03	03-838	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	
03/12/03	03-7398	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	
04/24/03	03-12243	Compliance Test	PASSED	
06/20/03	03-18714	Compliance Test	PASSED	
07/08/03	03-20920	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/04/03	03-24118	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/19/03	03-25899	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
10/28/03	03-33305	Compliance Test	PASSED	
11/28/03	03-36393	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
01/20/04	04-01968	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
02/17/04	04-04919	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
04/16/04	04-10985	Compliance Test	PASSED	
04/28/04	04-12177	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
05/17/04	04-14366	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/11/04	04-24661	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
10/19/04	04-33131	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
01/24/05	05-02707	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
02/20/05	05-06758	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
<b>03/04/05</b>	<b>05-07276</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$500 fine</b>	<b>06/20/05</b>
12/1/05	0542306	Liquor Inspection (Road Patrol-Drewek)	NO VIOLATIONS	