0532014 22CT8723NB 1884

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 22002732

ChargeType: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): Military Trl./ Arthur St. Palm Beach Gardens, FL
Location of Offense (Business Name, Address): Military Trl./ Holly Dr. Palm Beach Gardens, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/02/2022	00:16					4701 East Ave. WPB, FL

DEFENDANT

Name (Last, First, Middle): Aktas, Ozgur,
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/21/1976	6'3"	170	Brown	Black	Light	Medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None
Marital Status: Married [redacted]
Religion: NONE [redacted]
Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number): 8052 Murano Circle (City) Palm Beach Gardens (State) FL (Zip) 33418
Phone: (954) 815-3343
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): 8052 Murano Circle (City) Palm Beach Gardens (State) FL (Zip) 33418
Phone:
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)
Phone:
Occupation: Food/Service Director

D/L Number, State: A232640763010 FL
Soc. Sec. [redacted]
INS Number:
Place of Birth (City, State): Turkey
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and / or ☐ 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.
☐ Yes, by: (Name) ☐ No: (Reason)
School Attended Grade
Property Crime? ☐ Yes ☐ No Description of Property Value of Property

1 of 2 of

CODE

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

1

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Normal Faculties Impaired	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A					

2

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Breath Above .08	1	☐Y ☒N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A					

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

JUN 2 AM 3:2?

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month July Day 6th Year 2022 Time 10:00 AM ✔ 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) Date Signed: 06/02/2022

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: x [signature]
Name of Arresting Officer (Print): James Lovett I.D. #: 523
Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: [signature] I.D. # Pouch #
Transporting Officer: James Lovett ID #: 523 Agency: PBGPD
Witness here if subject signed with an -X"
PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 2 day of June 2022 at 23:58 ☐ AM ☑ PM

Subject: Aktas, Ozgur, Case Number: 22002732

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: James Lovett 523

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Ofc. Jason Hennessy (#409) observed a white Honda bearing FL tag KBLM03 driving southbound on Military Trail at the Holly Dr. intersection. at approximately 60mph in a 45mph zone. He also stated he observed the vehicle travelling in the middle lane and was swerving into both the left and right lane. Ofc. Hennessy requested I respond to his traffic stop to conduct a DUI investigation.

OBSERVATION OF DRIVER:

Ofc. Hennessy stated that he made contact with the driver and sole occupant of the vehicle Ozgur Aktas, identified by his FL driver's license. During his contact he observed Aktas to has glassy eyes, lethargic movements, and food crumbs on his clothing. During my contact, I observed the same indicators of impairment.

DRIVER STATEMENTS:

Aktas stated he was coming from work at the Loxahatchee Coutry Club where he had a few wine drinks and a few bourbon drinks.

ODORS: None

GENERAL OBSERVATIONS

SPEECH: Accented

ATTITUDE: Compliant

CLOTHING: Business casual with food crumbs

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 02 day of June 2022 by James Lovett 523 who is ☑ personally known to me or ☐ produced _____.

INV A Tejeda 31814

Notary Public, Clerk of Court, Officer (F.S. 117.10)

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Aktas, Ozgur,** Case Number: **22002732**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

During the task I observed Aktas to have a 4-5 inch orbital sway.

Walk and Turn ☒

Aktas stated he understood all instructions. During the instruction portion of the task he was unable to maintain the instruction position. During his first sequence of steps, he took 8 steps and stepped off the line on steps 2 and 4. He then made an improper turn. During his second sequence of steps he took 8 steps.

One Leg Stand ☒

Atkas stated he understood all instructions. Atkas attempted the task twice. During both attempts he swayed, hopped, used his arms for balance, and placed his foot down.

BREATH RESULTS: 1) .122 @ 01:23 2) .114 @ 01:27 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 02 day of June 20 22 by James Lovett who is ☑ personally known to me or ☐ produced _____.

INV A Tejeda 31814

Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 06/02/2022

Date of Last Agency Inspection: 05/13/2022
Observation Period Began: 00:42
Subject's Name: OZGUR AKTAS DOB: 08/21/1976 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:20
Air Blank	0.000	01:21
Control Test	0.078	01:21
Air Blank	0.000	01:21
Subject Sample #1	0.122	01:23
Air Blank	0.000	01:23
Air Blank	0.000	01:25
Subject Sample #2	0.114	01:27
Air Blank	0.000	01:28
Control Test	0.077	01:28
Air Blank	0.000	01:29
Diagnostics Check	OK	01:29

Cylinder Lot: 29821080A4
Exp: 12/05/2023

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 06/02/22
Signature

Sworn to (or affirmed) before me this 02 day of June, 2022

_____ Ofc. J. Lovett # 523
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Aktas, Ozgur

CASE NUMBER: 22 -073581

DATE: Jun 2, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:18

ENDING TIME: 01:31

BREATH TESTS RESULTS: 1) .122 TIME 01:23 A.M. ☒ P.M. ☐ 2) .114 TIME 01:27 A.M. ☒ P.M. ☐

3) N/A TIME ---------- A.M. ☐ P.M. ☐ 4) N/A TIME ---------- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Accent

ATTITUDE: Calm, cooperative

CLOTHING: Blue pants, LS light blue shirt, brown shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:42 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject stated understood breath test results.

NO Q&A conducted.

DUI WITNESS LIST

22002732

Arresting Officer: James Lovett 523 Email: JLovett@PBGFL.com
Agency Address: 10500 N. Military Trl. PBG, FL Phone: (561) 799-4445
Can Testify To: Investigation

Backup Officers: Ofc. Jason Hennessy (#409)
Agency Address: 10500 N. Military Trl. PBG, FL Phone: (561) 799-4445
Can Testify To: Traffic Stop

Crash Investigator: ______ Email: ______
Agency Address: ______ Phone: ______

Breathalyzer Technician: ______ ID: ______ Agency: ______

DRE: ______ ID# ______ Agency Case #: ______
Agency Address: ______ Phone: ______ Email: ______

Name: ______ Involvement: ______
Address: ______ Phone: ______
Can Testify To: ______ ☐ Wheel Witness

Name: ______ Involvement: ______
Address: ______ Phone: ______
Can Testify To: ______ ☐ Wheel Witness

Name: ______ Involvement: ______
Address: ______ Phone: ______
Can Testify To: ______ ☐ Wheel Witness

Name: ______ Involvement: ______
Address: ______ Phone: ______
Can Testify To: ______ ☐ Wheel Witness

Name: ______ Involvement: ______
Address: ______ Phone: ______
Can Testify To: ______ ☐ Wheel Witness

Name: ______ Involvement: ______
Address: ______ Phone: ______
Can Testify To: ______ ☐ Wheel Witness

SUBJECT: HKtc, Ozgur CASE NUMBER: _____

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 determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. 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.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: HKtg, Ozzie CASE NUMBER: _____

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? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

DO 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: _____

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022014270	**Date:** 6/2/2022
	Specialist Name/ID: M. Tooks #8557