


ARREST / NOTICE TO APPEAR		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   2017-0011858</b>							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 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		If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>N DIXIE HWY/11TH ST</b>				Location of Offense (Business Name, Address) <b>1199 N DIXIE HWY/11TH ST, WEST PALM BEACH, FL 33409</b>							
Date of Arrest <b>06/18/2017</b>	Time of Arrest <b>23:01</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>SABUNCU, JOHN KADRI</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Alias:</b>							
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/15/1967</b>	Height <b>5'11</b>	Weight <b>195</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>230 SE 10TH ST 306B, DELRAY BEACH, FL 33483</b>				Phone <b>(860) 890-4724</b>		Residence Type: 1. City 2. Country 3. Florida 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>230 SE 10TH ST 306B, DELRAY BEACH, FL 33483</b>				Phone <b>(860) 890-4724</b>		Address Source <b>VERBAL</b>					
Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>				Phone		Occupation <b>None</b>					
D/L Number, State <b>417113240 / NY</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>ROCHESTER, NY</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone							
<input type="checkbox"/> Legal Custodian				Business Phone							
Address (Street, Apt. Number) (City) (State) (Zip)											
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		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	U. Unknown Z. Other
Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>						Statute Violation Number <b>316.193(1)</b>		Violation of ORD #			
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2017-0011858</b>	Counts <b>1</b>	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			
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"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported		Time Transported		Other	
Transported By											
<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>		Court Date and Time <b>08/24/2017 08:30:00</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 <b>Donde, Jay</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Donde, Jay</b>		I.D. # <b>01530</b>		Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>	
Intake Deputy		I.D. #		Pouch #		I.D. # <b>1895</b>		Agency <b>WPB00</b>			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

# DUI PROBABLE CAUSE AFFIDAVIT

On the 18th Day of June at 2301 A.M. P.M.  
Subject: JOHN,KADRI,SABUNCU Case Number: 17-11858  
Agency: West Palm Beach Police Department Arresting Officer: Donde

## Personal Contact

### Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Subject was driving a rental Gray Mercedes 4dr FI tag 164YJC in the area of 11th St and North Dixie Hwy. A call was received by WPBPD emergency communications reference a male with a gun this area with the following being relayed to communications by the caller. A white male possibly on drugs last seen wearing a hat, dark shirt and jeans. SABUNCU is wearing a hat dark shirt and jogging pants dark. Additional information is the male will not let a female out of the car and the maybe a Newer model 2dr car possible a BMW.

Officer Forbes was first on scene in the area of 11th St and N Dixie Hwy and saw Sabuncu exiting the Gray Mercedes 4dr FI tag 164YJC from the driver seat.

I was called to assist due to Sabuncu being possible impaired.

### Observation of Driver

Sweating, extremely fidgety, moving around unable to stand still.

### Drivers Statements:

Sabuncu advised he has a bad knee from playing soccer (left knee) right foot gout. 3 months ago injured knee need surgery. Has gout in right foot though plays soccer. \*\* During Walk and run asked if the guy at the hotel was Johnny Cash." unknown what this was reference to.

### Odors:

slight odor of unknown alcoholic beverage sweat

## General Observations

**Speech:** mumbled, slow, made several statements which did not make sense

**Attitude:** cooperative

**Clothing:** jogging pants t shirt sneakers

**Medical Problems/Medications:** high blood pressure unknown spelling of following meds. Sipril, Alltale, Nuratin for pain

**Other:** takes med for old hand injury

SCANNED

JUN 22 2017

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: JOHN, KADRI, SABUNCU

Case Number: 17-11858

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |   |  |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

brown eyes.

Explained instructions and stated he understood. mentioned a law suit fir NY State Corrections of an eye injury.

Unable to stand still. very droopy eyes, appeared to be falling asleep. Asked if he was ok. said he gets "ugh". stated he was ok. continued task

### Walk and Turn Task

I instructed the driver to stand with his left on the line with his right foot directly in front of the left touching heel to toe with his hands/arms down by his sides. The line parking spot line. The driver was told to remain in this position until told to begin. I explained and demonstrated the exercise and he said he understood the instructions. had lifted his foot as if it was a one leg stand. Stopped task and asked if he understood me and understood English and the words I was speaking could not stand in right position. took off sneakers to perform task. Attempted task though was having a balance problem and almost fell while performing task. I stopped task for safety,

### One Leg Stand

I had the driver stand with his feet together and hands down at his sides. I explained and demonstrated the exercise and he stated he understood the instructions. repeated instructions First attempt poor switched legs and attempted again losing balance.

### Finger To Nose

I had the driver stand with his feet together, arms/hands down at his sides and index fingers pointed out. I explained and demonstrated the exercise and he stated he understood the instructions. I asked the driver to tilt his head back and close his eyes. Asked him several times not to practice while the subject moved his finger to his nose several times. on first "left" attempt subject took a step forward and took another step forward on first "right". reexplained and subject performed thi task again incorrectly

### Romberg Balance

not performed

## Breath Results from Instrument

1st Result

.052

2nd Result

.052

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

☒ Personally Known

☐ Produced Identification

☐ Notary Public

6/19/17 (DATE)

[Signature]  
Notary / Clerk of Courts / Officer (FSS: 117.10)

[Signature]  
Signature of Arresting Officer

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JUN 22 2017

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: WEST PALM BEACH PD  
Instrument Serial Number: 80-001235 Software: 8100.27  
Date of Test: 06/19/2017

Date of Last Agency Inspection: 05/30/2017

Observation Period Began: 23:30

Subject's Name: JOHN K SABUNCU

DOB: 02/15/1967 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	00:22
	Air Blank	0.000	00:22
	Control Test	0.079	00:23
	Air Blank	0.000	00:23
	Subject Sample #1	0.052	00:24
	Air Blank	0.000	00:24
	Air Blank	0.000	00:26
	Subject Sample #2	0.052	00:27
	Air Blank	0.000	00:28
	Control Test	0.080	00:28
	Air Blank	0.000	00:29
	Diagnostics Check	OK	00:29

Cylinder Lot: 152169  
Exp: 10/30/2018

State of Florida, County of P.B.

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 J. DONDE, 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: [Signature] Date: 6/19/17  
Signature

Sworn to (or affirmed) before me this 19 day of June, 2017

[Signature] Signature of Notary Public-State of Florida A. F. Nell 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.