

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

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Agency Name

West Palm Beach Police Department

Agency Report Number (N.T.A.'s only)

9 4 2017-0011858

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JUVENILE

Agency ORI Number 0500800		Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" 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) N DIXIE HWY/11TH ST						Location of Offense (Business Name, Address) 1199 N DIXIE HWY/11TH ST, WEST PALM BEACH, FL 33409																			
Date of Arrest 06/18/2017		Time of Arrest 23:00		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle													
Name (Last, First, Middle) SABUNCU, JOHN KADRI												Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:													
Race W - White B - Black		Sex M		Date of Birth 02/15/1967		Height 5'11		Weight 195		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) 230 SE 10TH ST 306B, DELRAY BEACH, FL 33483												Phone (860) 890-4724		Residence Type: 1. City <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		2									
Permanent Address (Street, Apt. Number) 230 SE 10TH ST 306B, DELRAY BEACH, FL 33483												Phone (860) 890-4724		Address Source		VERBAL									
Business Address (Name, Street) NONE												Phone		Occupation		None									
D/L Number, State 417113240 / NY			Soc. Sec. Number			INS Number			Place of Birth (City, State) ROCHESTER, NY			Citizenship US													
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													
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 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 D. 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 DRIVING WHILE UNDER INFLUENCE												Statute Violation Number 316.193(1)				Violation of ORD #									
Drug Activity N		Drug Type		Amount / Unit /		Offense # 2017-0011858		Counts 1		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 Explain:													
Check which applies: <input 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		2011							
<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 08/24/2017 08:30:00													
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.												Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed									
HOLD for Other Agency						Signature of Arresting Officer DONDE, JAY						Name Verification (Printed by Arrestee) (PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) DONDE, JAY						I.D. # 01530													
Intake Deputy I.D. #						Transporting Officer I.D. # 1995 4PBQ						Agency													
												SCANNED				PAGE 1 OF 1									
												Witness here if subject signed with an "X"				JUN 22 2017									

 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 FL 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 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 FL tag 164YJC from the driver seat.

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

Observation of Driver

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

Driver's 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. Sipiril, Altale, Nuratin for pain

Other: takes med for old hand injury

SCANNED

JUN 2 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: Joe

Date: 6/19/17

Signature

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

John E. Nelli
Signature of Notary Public-State of Florida

F. Nelli
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.