

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

OBTS Number	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-18081541
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator 01	
Location of Offense (Business Name, Address) 18680 CASSANDRA POINTE LN BOCA RATON FL 33496			
Date of Arrest 06/03/2018	Time of Arrest 0044	Booking Data	Booking Time
Jail Date		Jail Time	
Location of Vehicle N/A			

Name (Last, First, Middle) Gurkaynak, Murat, Mehmet		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 07/18/1977	Height 5'10	Weight 240	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build HEAVY
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT FOREARM AND WRIST (CHINESE SYMBOLS)				Marital Status Divorced	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) 18680 CASSANDRA POINTE LN, BOCA RATON FLORIDA 33496				Phone (407) 401-2088	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source FLORIDA DRIVER'S LICENSE			
Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation TRADE			
DL Number, State G625-553-77-258-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) TURKEY, ANKARA		Citizenship US

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"/> Legal Custodian <input type="checkbox"/> Other	Address (Street, Apt. Number) (City) (State) (Zip)			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
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input 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. 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/Ortv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description BATTERY ON PERSON 65 YOA OR OLDER (DOMESTIC)	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.08 (2)(c).	Violation of ORD #		Warrant / Capias Number				
Drug Activity	Drug Type	Amount / Unit	Offense #	Statute Violation Number		Violation of ORD #				
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #		Warrant / Capias Number				
Drug Activity	Drug Type	Amount / Unit	Offense #	Statute Violation Number		Violation of ORD #				
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #		Warrant / Capias Number				
Drug Activity	Drug Type	Amount / Unit	Offense #	Statute Violation Number		Violation of ORD #				

Location (Court, State, Number, Address)	TO BE SET
Court Date and Time	06/03/2018 32
Month	Day
Year	Time
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

HOLD for other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other	D/S T. DRAKE Name of Arresting Officer (Print) ID # 5310	(PRINT)
Intake Deputy	Transporting Officer D/S T. DRAKE ID # 5310 Agency 06	Witness here if subject signed with an "X"
I.D. #	Pouch #	1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18081541
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Gurkaynak, Murat, Mehmet	Alias	Race W	Sex M	Date of Birth 07/18/1977
Charge Description BATTERY ON PERSON 65 YOA OR OLDER (DOMESTIC)	784.08 (2)(c).	Charge Description		
Charge Description		Charge Description		

Victim's Name (Last, First, Middle) Gurkaynak, Mehmet, Resat	Race W	Sex M	Date of Birth 01/25/1948
Local Address (Street, Apt. Number) 18660 Cassandra Pointe Ln,	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

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.
The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 03 day of JUNE 2018 at 0040 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On June 03, 2018 I was dispatched to 18680 Cassandra Pointe Lane unincorporated Boca Raton, Palm Beach County, Florida 33496 Reference to a domestic dispute.

Upon arrival I made contact with the person who spoke to 911 later identified as. Mr. Murat Gurkaynak Sr. who was visibly upset over a incident that occurred between him and another family member. Mr. Gurkaynak Sr. stated he was arguing with his son reference to him being drunk when his son attacked him. He showed me his left elbow and there was a large knot and an abration to the right elbow. I then made contact with the suspect later identified as Mr. Murat Gurkaynak Jr. and detained him. I read Mr. Mehmet Gurkaynak Jr. his Miranda warnings where he stated he understood and told me his father was attacking his mother and was on top of her when he intervned and was struck in the mouth by his father. I interviewed both the victim Mr. Mehmet Gurkaynak Sr. and his wife Fatma Gurkaynak. Mrs. Gurkaynak told me she saw her son pulling on her husband but didn't see how it started. She had no physical injuries or redness to support the suspects statements. Both the victim and his wife refused to cooperate any further in the investigation and refused to supply sworn written statements.

Initially the victim claimed the person who battered him without provocation was his son. I offered medical treatment for both the suspect and Victim. Medical treatment was given by Palm Beach County Fire Rescue station # 54 E.M.T. Paramedic Capt. Lopez and they provided a run number of # 18059776.

The victim was given a Rights and Remedies Packet which was signed after receiving and a victim witness case information sheet.

Photos were taken via a Dart camera by D/S Butterworth and uploaded to the Domestic Violence website for review by the courts.

Based on injuries present and the victims initial statements Probable cause exists for the arrest of the defendant Mr. Gurkaynak Jr. for violation of Florida State Statute 784.08 (2)(c). who did actually and intentionally touch or strike Mr. Gurkaynak Sr. against the will of Mr. Gurkaynak Sr did intentionally cause bodily harm to Mr. Gurkaynak Sr, a person 65 years old or older contrary to Florida Statute 784.03 (1a1) and 784.08 (2)(c).

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S/T. DRAKE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of JUNE 2018 by D/S T. DRAKE

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

[Signature]

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

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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Gurkaynak, Murat, Mehmet DOB: 07/18/1977 Case #: 18081541

Victim: Gurkaynak, Mehmet, Resat DOB: 01/25/1948 Race: W Sex: M

Relationship between Victim and Defendant: FATHER AND SON

Photographs: Scene Yes No Victim Yes No Defendant Yes No
 911 Call: Yes No Caller: FATMA N. GURKAYNAK
 Weapon Used: Yes No Type: _____
 Witness: Yes No Name: GURKAYNAK, FATMA, N
 Victim Pregnant: Yes No If yes, ___ weeks ___ months
 Injuries: Yes No Description: ABRATION TO ELBOW, SWELLING
 Medical Treatment: Yes No
 At Scene: Yes No Paramedics: _____
 At Hospital: Yes No Hospital: _____ Physician: _____
 Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /
 Name: _____ DOB: / /
 Name: _____ DOB: / /

Injunction Yes No Case #: _____
 No Contact Order Yes No Case #: _____
 Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No
 Defendant's Statements Yes No If yes, written recorded oral
 First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral
 First words Victim said when you responded to scene: MY SON DID THIS

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?
 Yes No If yes, name: _____ phone () _____ - _____

Observations of Victim (Physical & Emotional): _____
 Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim Contact Information:
 Local Address: 18660 Cassandra Pointe Ln,

Phone: Home (561) 372-9420 Work () _____ - _____ Cell () _____ - _____
 Employer: _____
 Name of Relative: _____ Phone () _____ - _____
 Address: _____

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: _____

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-180541 Agency: (330)
Offense: BATTERY ON PERSON AS VIA OR OLDER COUNSEL
Suspect/Offender: GLUCKAYAK, MEHMET, MEHMET
D.O.B. 7-19-77 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: GLUCKAYAK, MEHMET SC. D.O.B. 12549 Race: W Sex: M
Address: 19660 Cassandra Pointe W
City: BUKA PATON State: FL Zip: 33494
Home #: 561-372-9470 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: GLUCKAYAK, MEHMET, RESAT

Deputy's Name: DIST. DIBAKE I.D.# 530 Date: 6-3-18

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2018018493	Date: 6/3/2018
	Specialist Name/ID: L.Rouse/#6673