

J-0383928

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR									
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)					
0500400		Delray Beach Police Department				4 0 17-006416					
Charge Type:		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized			
Check as many as apply.		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type None/not Applicable			
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)					
10 SW 6TH AVE DELRAY BEACH						10 SW 6TH AVE, DELRAY BEACH, FL 33444					
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date			
04/22/2017		22:44		04/22/2017		22:54		04/23/2017			
Jail Time		Location of Vehicle									
00:53		10 SW 6TH AVE DELRAY									
Name (Last, First, Middle) GOKUN, SERGEY											
Alias: 											
Race		Sex		Date of Birth		Height		Weight			
W - White B - Black		I - American Indian O - Oriental/Asian		W M 04/20/1979		5'09		180			
Eye Color BLUE Hair Color BROWN Complexion LIGHT Build MEDIUM											
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)											
S		Marital Status		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
14769 ENCLAVE LAKES DR T3, DELRAY BCH, FL 33484										1	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
14769 ENCLAVE LAKES DR T3, DELRAY BCH, FL 33484										VERBAL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
G250780791400 / FL						, Russian Federation		US			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Name (Last, First, Middle)										Residence Phone	
Address (Street, Apt. Number)										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 S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment		U. Unknown			
N. N/A B. Buy D. Deliver E. Use						C. Cocaine M. Marijuana O. Opium/Deriv.		Z. Other			
P. Possess T. Traffic E. Use						A. Amphetamine E. Heroin S. Synthetic					
Charge Description DUI-DAMAGE TO PERSON/PROPERTY										Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # 17-006416 Counts 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Domestic Violence										Warrant / Capias Number	Bond
Charge Description REFUSAL TO SUMIT TO BAL TEST										Statute Violation Number 316.1939(1)(B)	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # 17-006416 Counts 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Domestic Violence										Warrant / Capias Number	Bond
Charge Description										Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # / Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Domestic Violence										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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health										PROPERTY - Received By <i>Releas</i> Released To <i>Releas</i>	
Transported By										Date Transported // : : Time Transported Other	
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444	
										Court Date and Time 05/08/2017 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.										No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed	
HOLD for Other Agency				Signature of Arresting Officer <i>Robert J.</i>				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) ROBERTS, ROGER J.				I.D. # 1088			
Intake Deputy <i>Spawn 810</i>		I.D. #		Transporting Officer <i>ROBERTS</i>		I.D. # 1088		Agency DBPD		PAGE 1 OF 1	
Witness here if subject signed with me											

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

APR 26 2017 1:33

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF April 20 17, AT 2057 AM PM

SUBJECT: Sergey Gokun CASE NUMBER: 17-6416

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Roberts

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Ofc. Kopplin stated that Gokun was traveling eastbound on W. Atlantic Ave. Gokun made a right turn onto SW 6th Ave. Gokun turned into the northbound travel lane on SW 6th Ave. Gokun then over corrected to get into the proper lane, Gokun continued westbound subsequently striking a tree.

OBSERVATION OF DRIVER:

When I made contact with Gokun at the rear of his vehicle, there was a strong odor of an unknown alcoholic beverage coming from Gokun's breath. Gokun's eyes appeared glassy and red. Gokun was unable to stand on his own, he constantly had to lean against his vehicle for stability.

DRIVER'S STATEMENTS:

Gokun stated that he was drunk.

ODORS:

Gokun had a strong odor of an unknown alcoholic beverage coming from the breath.

GENERAL OBSERVATIONS

SPEECH: Slow and Slurred

ATTITUDE: Polite

CLOTHING: Blue Shirt, White Pants, Black Sandals

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Roberts

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of April 20 17 by _____

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

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

SCANNED
APR 26 2017

SUBJECT: Sergey Gokun

CASE NUMBER 17-6416

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

Roberts

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of April 2017 by _____

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

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

SCANNED

APR 26 2017