

0521172

21CT 1644
ARREST / NOTICE TO APPEAR

2076
1 JUVENILE

A D M I N I S T R A T I O N	OBT Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-001378		1. Arrest (No Warrant) 3. Request for Warrant 2. N.T.A. 4. Request for Captives 5. Juvenile Referral		1 JUVENILE					
	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: None/not Applicable		Multiple Clearance Indicator									
	Location of Arrest (Including Name of Business) 4000 N OCEAN BLVD, BOCA RATON, FL, 33431, 4000 N OCEAN						Location of Offense (Business Name, Address) 4000 N OCEAN BLVD, BOCA RATON, FL 33431									
	Date of Arrest 02/02/2021		Time of Arrest 23:14		Booking Date 02/02/2021		Booking Time 23:55		Jail Date 02/02/2021		Jail Time 23:55		Location of Vehicle WESTWAY TOWING			
	Name (Last, First, Middle) MCNAMARA, KEVIN GERARD						Alias:									
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 03/08/1986		Height 6'02		Weight 190		Eye Color HAZEL		Hair Color BROWN			
	Complexion MEDIUM		Build Medium		Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unit <input type="checkbox"/>					
	Local Address (Street, Apt. Number) (City) (State) (Zip) 151 SE 3RD AVE 232, DELRAY BEACH, FL 33483						Phone (301) 367-6711									
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 151 SE 3RD AVE 232, DELRAY BEACH, FL 33483						Phone (301) 367-6711									
	Business Address (Name, Street) (City) (State) (Zip) IHG MEDICAL, HOUSTON TX						Occupation Sales									
DL Number, State M25507860880 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) WASHINGTON DC		Citizenship US								
C O D E D	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					
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)															
	<input type="checkbox"/> Legal Custodian															
	Address (Street, Apt. Number) (City) (State) (Zip) Business Phone															
	Notified by: (Name) _____ Date _____ Time _____ <table border="1"> <tr> <th colspan="2">JUVENILE DISPOSITION</th> </tr> <tr> <td>1. Handled/Processed within Department and Released</td> <td>2. TOT IAC</td> </tr> <tr> <td>3. Incarcerated</td> <td></td> </tr> </table>											JUVENILE DISPOSITION		1. Handled/Processed within Department and Released	2. TOT IAC	3. Incarcerated
JUVENILE DISPOSITION																
1. Handled/Processed within Department and Released	2. TOT IAC															
3. Incarcerated																
C H A R G E	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.															
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property _____ Value of Property _____															
C H A R G E	Drug Activity		S. Sell		R. Seizure		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other					
	N. N/A		B. Buy		D. Deliver		E. Use		A. Amphetamine		B. Barbiturate					
	P. Possess		T. Traffic		E. Use				C. Cocaine		H. Hallucinogen					
C H A R G E	Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number					
	N						1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
C H A R G E	Drug Activity		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number					
									<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
C H A R G E	Drug Activity		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number					
									<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD						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						PROPERTY - Received By J. CASAS 818		Released By J. CASAS 818		Released To TOT CJ					
	Transported By J. CASAS 818						Date Transported		Time Transported		Other					
N O T I C E	<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 03/08/2021 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.															
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 2-3-21									
A D M I N	HOLD for Other Agency						Signature of Arresting Officer J. CASAS 818		Name Verification (Printed by Arrestor) Kevin McNamee							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) CASAS, J.		I.D. # 818		PAGE 1 of 1							
	A.D.#		Pouch #		Transporting Officer J. CASAS		I.D. # Agency 818 BRPD		Witness here if subject signed with an "X"							

SCANNED
FEB 03 2021

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OST's Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-001378
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:

Name (Last, First, Middle) MCNAMARA, KEVIN GERARD	Alias	Race W	Sex M	Date of Birth 03/08/1986
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Charge Description 316.193(1A) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race U	Sex U	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) -	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone (561) -	Occupation	

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 2 day of February, 2021 at 23:14 (Specifically include facts constituting cause for arrest.)




On 2/2/21, at approximately 2250 hours, I responded to 4000 N Ocean Blvd as a back-up unit for a traffic stop. Upon arrival, I observed that Officer Martel had stopped a gray 2005 Acura TL, bearing FL tag IK50VX.

Officer Martel informed me that he initially observed the vehicle driving northbound on N Ocean Blvd with an inoperative headlight. He said he then saw the vehicle swerving within its lane. Officer Martel said that when the vehicle approached the intersection with Spanish River Blvd the driver signaled as if he was going to turn right despite not being able to actually make a right turn at that intersection. Officer Martel stated that the driver then drove past the intersection and stopped the vehicle on the right side of the road. According to Officer Martel, this was when he turned on his emergency equipment and initiated the traffic stop. The driver was identified as Kevin McNamara by his FL DL.

I approached the vehicle from the driver side and made contact with McNamara. I immediately observed that the McNamara's eyes were red and glossy, his movements were slowed, and his speech was slurred. I also observed a strong odor of an unknown alcoholic beverage emanating from McNamara's breath despite him chewing gum and wearing a mask. I asked McNamara how much alcohol he consumed, and he stated he had two glasses of wine while on a date in Ft. Lauderdale. McNamara said the serving sizes were larger than usual.

Based on my observations, Officer Martel's observations, and McNamara's statements, I believed that McNamara was under the influence of alcohol while driving a vehicle within the state. I asked McNamara to exit the vehicle for further investigation. He agreed to perform Standardized Field Sobriety Exercises.

Prior to beginning the exercises, I asked McNamara a series of questions. I asked

SWORN AND SUBSCRIBED BEFORE ME		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 BONDED THROUGH 1st State Insurance		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	DATE 02/03/2021		NAME OF OFFICER (PLEASE PRINT) CASAS, JAVIER (818)	
DATE 02/03/2021			DATE 02/03/2021	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-001378	
Charge Type: Check as many as apply.			Special Notes:			
<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						

Name (Last, First, Middle) MCNAMARA, KEVIN GERARD	Alias	Race W	Sex M	Date of Birth 03/08/1986
-------------------------------------------------------------	-------	------------------	-----------------	------------------------------------

McNamara if he was sick or injured and he stated he was not. McNamara also stated he did not have any physical injuries or defects. McNamara claimed he did not limp and felt comfortable walking in the footwear he was wearing. He said he was prescribed, and taking, Lexapro but claimed it did not specifically affect his ability to perform everyday activities like walking, standing, balancing, or driving. I asked McNamara if he had any problems with his eyes that were not corrected by glasses and he said he did not. McNamara also stated he was not diabetic or epileptic. I then continued with the exercises.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and McNamara stated that he understood. I observed that McNamara was swaying in a circular motion while the exercise was being conducted. I could also still smell the strong odor of alcohol emanating from his person despite being in a wide-open space.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. I noticed that McNamara had some difficulty getting into the starting position. He also had difficulty staying in the position. Once the instructions were completed, McNamara stated that he understood, and he was instructed to begin. McNamara missed heel-to-toe numerous times and stepped on his toes several times. Additionally, he stepped off the line, made an improper turn, took an incorrect number of steps, and used his arms for balance.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. McNamara stated he understood. McNamara swayed in a circular motion, used his arms for balance, and put his foot down several times while completing the exercise.

The fourth exercise was the Finger to Nose. I confirmed that McNamara knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions. The pattern was L-R-L-R-R-L.

- L - No apparent issues.
- R - Missed the tip of his nose.
- L - No apparent issues.
- R - No apparent issues.
- R - Missed the tip of his nose.
- L - No apparent issues.

The final exercise was the modified romberg balance test. I asked McNamara if he felt comfortable estimating the passage of 30 seconds and he stated he did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. McNamara estimated the passage of 30 seconds in 46 seconds and swayed during the exercise.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Notary Public / Clerk of Court / Officer (Notary #117466) bonded through 1st State Insurance	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
	02/03/2021 DATE	CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)	02/03/2021 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N	OBTS Number	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-001378
	Agency ORI Number FL 0500200	Special Notes:		
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				

D E F	Name (Last, First, Middle) MCNAMARA, KEVIN GERARD	Alias	Race W	Sex M	Date of Birth 03/08/1986
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Based on the totality of the circumstances, I found probable cause to believe that McNamara was operating a motor vehicle while under the influence alcohol. McNamara was placed under arrest for DUI per F.S.S 316.193(1a). He was transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator Bell (#8656) completed the BAT room procedures. McNamara provided two breath samples of .250 and .245. McNamara was then advised of his constitutional warnings, stated he understood, and chose to answer all of my questions. It should be noted that some of the answers conflicted with what he stated on scene. See DUI Influence Report for further.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Notary Public Bonds through 1st State Insurance	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
	<i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER	02/03/2021 DATE	CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 02/03/2021 DATE

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: MCNAMARA, KEVIN GERARD
CASE NUMBER: 21-031722
DATE: Feb 3, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0019
ENDING TIME: 0042

BREATH TESTS RESULTS: 1) .250 TIME 0024 A.M. P.M. 2) .245 TIME 0027 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656
MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: QUIET, COOPERATIVE
CLOTHING: WHITE PULL OVER JACKET, BLACK TEE SHIRT, GREY PANTS, WHITE SHOES
MEDICAL CONDITIONS: NONE
MEDICATIONS: LEXAPRO

OTHER:

EYES: GLASSY
SUBJECT STATED HE DRANK 2 IPA BEERS AND 1 GLASS OF WINE Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2355 HOURS
SUBJECT STATED HE WOULD TAKE BREATH TEST
BREATH TEST COMPLETED
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS
A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

SCANNED
FEB 03 2021

SUBJECT: McNamara, Kevin G CASE NUMBER: 21-1378

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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.

**SCANNED
FEB 03 2021**

SUSPECT'S SIGNATURE: (X) Read On Camera

SUBJECT: McNamara, Kevin G CASE NUMBER: 21-1378

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? yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? A1A - Federal Hwy

DIRECTION OF TRAVEL? N WHERE DID YOU START? Boca Raton

WHAT TIME DID YOU START? Don't recall WHAT TIME IS IT NOW? 11pm

WHAT IS TODAY'S DATE? 2-1-21 WHAT DAY OF THE WEEK IS IT? Monday - Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? palm Beach County - Boynton - Boca Raton

WHEN DID YOU LAST EAT? 24 hrs ago WHAT DID YOU EAT? chicken Breast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Date - No food - Just chatting

HOW MUCH DO YOU WEIGH? 195 HAVE YOU BEEN DRINKING? yes WHAT? IPA - Beer

HOW MUCH? 2 IPA WHERE? Irish bar - Black Rose WITH WHOM? Someone

WHEN DID YOU HAVE YOUR FIRST DRINK? 3 or 4pm AND YOUR LAST DRINK? 20 minutes prior to stop

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? quickly

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? Don't know

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Sales WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO ^{yes} WHAT? Lexapro WHEN? Morning
sertraline

DO YOU HAVE:	EPILEPSY?	<u>NO</u>
	GLASS EYE?	<u>NO</u>
	FALSE TEETH?	<u>NO</u>
	EAR INFECTION?	<u>NO</u>
	INNER EAR TROUBLE?	<u>60% - Deaf in right ear</u>
	DIABETES?	<u>NO</u>

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? Maryland

INTERVIEWER: OFC. J. Casas #818

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: 80-006478 Software: 8100.27
Date of Test: 02/03/2021

Date of Last Agency Inspection: 01/15/2021

Observation Period Began: 23:55

Subject's Name: KEVIN GERARD MCNAMARA

DOB: 03/08/1986 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	00:22
	Air Blank	0.000	00:23
	Subject Sample #1	0.250	00:24
	Air Blank	0.000	00:24
	Air Blank	0.000	00:26
	Subject Sample #2	0.245	00:27
	Air Blank	0.000	00:27
	Control Test	0.077	00:28
	Air Blank	0.000	00:28
	Diagnostics Check	OK	00:28

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 JOSHUA J BELL, 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: 2/3/21

Sworn to (or affirmed) before me this 3 day of February, 2021

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.



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 21-031722 PBSO ZONE 7-11

AGENCY CASE # 32-2021-001378 CRASH CASE # _____

TIME OF STOP/CRASH 2246 DATE 02/02/2021 DAY Tuesday

SUBJECT'S NAME McNamara Kevin G RACE W SEX M
LAST FIRST MD

HGT 6'2" WGT 190 DOB 03/08/1986

LOCATION 4000 N Ocean Blvd, Boca Raton, FL, 33431

ARRESTING OFFICER'S NAME & ID Ofc. Javier Casas 818 AGENCY BRPD

DIVISION: Spec. Serv. - DUI

NOTIFIED BY COMMO YES

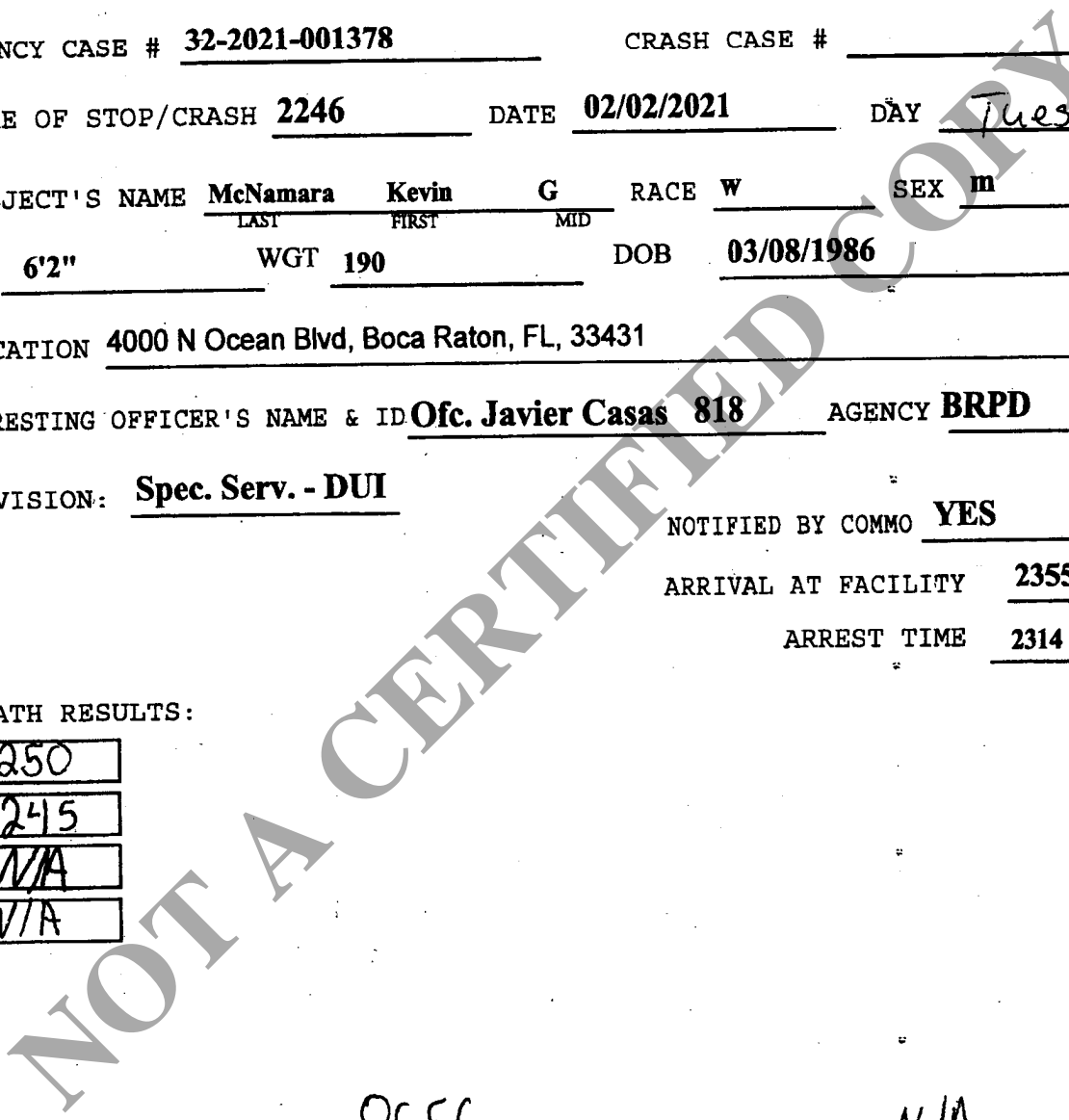
ARRIVAL AT FACILITY 2355

ARREST TIME 2314

BREATH RESULTS:

- 1) 250
- 2) 245
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A



**SCANNED
FEB 03 2021**



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021002783	Date: 2/03/21
	Specialist Name/ID: J. Beck/9007

SCANNED
FEB 03 2021