

21CF2500 MB

ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
2 Arrest (Warrant) 4 Request for Capias
3 N.T.A. 5 Juvenile Referral

1 JUVENILE

OBTS Number:	Agency ORI Number: 0500200		Agency Name: Boca Raton Police Department		Agency Report Number (N.T.A.'s only): 3 2 2021-003562	
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	IF Weapon Seized: HANDGUN		Multiple Clearance Indicator:		Enter Type: HANDGUN	
Location of Arrest (Including Name of Business): 39 NE 40TH ST, 395 NE SPANISH RIVER BLVD, BOCA RATON,			Location of Offense (Business Name, Address): 395 NE SPANISH RIVER BLVD, BOCA RATON, FL 33431			
Date of Arrest: 03/23/2021	Time of Arrest: 23:54	Booking Date:	Booking Time:	Jail Date:	Jail Time:	Location of Vehicle:
Name (Last, First, Middle): MC KOSKY, KEVIN MICHAEL						
Alias:						
Race: W	Sex: M	Date of Birth: 07/30/1964	Height: 6'01	Weight: 190	Eye Color: HAZEL	Hair Color: GRAY
Complexion: LIGHT		Build: LARGE		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): BAKIL RELIGIOUS TATTOO		
Local Address (Street, Apt. Number): 4750 S OCEAN BLVD 809, HIGHLAND BEACH, FL 33487		Phone: (646) 652-9481		Residence Type: 1. City 2. Florida 3. Out of State 1 2		
Permanent Address (Street, Apt. Number): 4750 S OCEAN BLVD 809, HIGHLAND BEACH, FL 33487		Phone: (646) 652-9481		Address Source:		
Business Address (Name, Street): RADIUM,		Phone:		Occupation: Financial Mgt		
D.L. Number, State: M220513642700 / FL		INS Number:		Place of Birth (City, State): QUEENS, 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"/> Person <input type="checkbox"/> Other						
<input type="checkbox"/> Legal Custodian						
Address (Street, Apt. Number):		(City): HOW	(State):	(Zip):	Residence Phone:	
Notified by: (Name):		Date:	Time:	JUVENILE DISPOSITION: 1. Handled/Processed with: Departmental and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name):		Relationship:	Date:	Time:	School Attended: Grade:	
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.						
<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Drug Activity: N N/A P Possess		S Sell B Buy T Traffic	R Snuggle 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/Deriv	P Paraphernalia/ Equipment	S Synthetic	U Unknown Z Other
Charge Description: CARRYING A CONCEALED FIREARM		Statute Violation Number: 790.01(2)		Violation of ORD #:		
Drug Activity:	Drug Type:	Amount / Unit:	Offense #:	Counts:	Domestic Violence:	Warrant / Capias Number:
N	N	/	/	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	/
Charge Description: USE A FIREARM WHILE UNDER INFLUENCE OF ALCOHOLIC BEVERAGE		Statute Violation Number: 790.151		Violation of ORD #:		
Drug Activity:	Drug Type:	Amount / Unit:	Offense #:	Counts:	Domestic Violence:	Warrant / Capias Number:
N	N	/	/	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	/
Charge Description:		Statute Violation Number:		Violation of ORD #:		
Drug Activity:	Drug Type:	Amount / Unit:	Offense #:	Counts:	Domestic Violence:	Warrant / Capias Number:
					<input type="checkbox"/> Y <input type="checkbox"/> N	
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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By:
Transported By:		Date Transported:	Time Transported:	Other:		
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444				
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time:				
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: 846		Name Verification (Printed by Arrestee): SWANSON		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print): YOCKEL, K. T.		I.D. #: 846
Initials/Signatures: V. Wong		Pouch #:		Transporting Officer: K. Sorcia		I.D. #: 850 BARP
Agency:		Agency:		Witness here if subject signed with an "X":		

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

Sorcia 850
0522213 1324

NO Photo Available

PROBABLE CAUSE AFFIDAVIT

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 2021-003562
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Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input checked="" 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) MC KOSKY, KEVIN MICHAEL	Alias	Race W	Sex M	Date of Birth 07/30/1964
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Charge Description FSS 790.01 (2) CARRYING A CONCEALED FIREARM	Charge Description FSS 790.151 USING A FIREARM WHILE UNDER THE INFLUE
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Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race U	Sex U	Date of Birth
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Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) -	Address Source
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Business Address (Name, Street) (City) (State) (Zip)	Phone (561) -	Occupation
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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 23 day of March, 2021 at 23:49 (Specifically include facts constituting cause for arrest)

On March 23 2021 I responded to 395 NE 40th St The Whistle Stop Bar, City of Boca Raton, Palm Beach County Florida for a report of an individual with a firearm.

Upon arrival I saw a white male, later identified by his FL DL as Kevin Mc Kosky seated at the bar at the Whistle Stop. Mc Kosky then exits the bar with his hands in the air. He was then identified by manager Jean Osias as the male who was in possession of the firearm. Osias stated he saw Mc Kosky retrieve the handgun from his car and walk towards the bar with the weapon in his right hand, only concealing it just before walking into the bar.

I conducted a frisk of Mc Kosky and located a model Glock 23 .40 Caliber handgun, serial # STX277 in the left front waistband of his shorts, concealed from view. The weapon had 12 .40 caliber rounds in the magazine inserted in the weapon and one round in the chamber. I placed Mc Kosky in handcuffs and read him his constitutional warnings. I asked Mc Kosky if he had a permit for his weapon and he sated no. A records check confirmed Mc kosky does not posses a concealed carry permit.

Officer Posset asked Mc Kosky what he believed his level of intoxication was and he stated a 6 out of 10.

At that time I placed Mc Kosky under arrest for FSS 790.01(2) Carrying a Concealed firearm without a permit, and ~~FSS 790.151 using a firearm while under the influence of an alcoholic beverage~~

SWORN AND SUBSCRIBED BEFORE ME

HARDING, BRANDON BLAZE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/24/2021
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCKEL, KURT THOMAS (846)
NAME OF OFFICER (PLEASE PRINT)

03/23/2021
DATE

SCANNED
MAR 24 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: 2021007102	Date: 03/24/2021
	Specialist Name/ID: T Howard/7185