05585514 25CT8628ASB 1325

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2025-005848

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
If Weapon Seized: Enter Type: UNARMED
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 4300 N FEDERAL HWY, BOCA RATON, FL 33431
Location of Offense (Business Name, Address): 4300 N FEDERAL HWY, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/25/2025	02:59	05/25/2025	03:09	5/25/2025		TOWED

DEFENDANT

Name (Last, First, Middle): MCGRATH, PATRICK JAMES
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/20/1955	5'10	210	BLUE	GRAY	LIGHT	LARGE

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: NONE
Indication of Alcohol Influence: Yes ☒ No ☐ Unk. ☐ Drug Influence
Local Address (Street, Apt. Number) (City) (State) (Zip): 910 JASMINE DR, DELRAY BEACH, FL 33483
Phone: (781) 844-5630
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2
Permanent Address (Street, Apt. Number) (City) (State) (Zip): 910 JASMINE DR, DELRAY BEACH, FL 33483
Phone: (781) 844-5630
Address Source: OFFENDER
Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED, LYNN,
Phone:
Occupation: SELF EMPLOYED

DL Number, State	Soc. Sec. Number	DNS Number	Place of Birth (City, State)	Citizenship
M621372767000 / FL	[redacted]		~~CITY~~, MA	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City): (11 1000 (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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended: Grade:
Property Crime? ☐ Yes ☒ No Description of Property: Value of Property:

CODE

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/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrent / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrent / Capias Number	Bond
		/			☐ Y ☐ N		

FILED PBC - GUN CLUB
25 MAY 23 AM 9:05

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By: ROSARIO
Released By: ROSARIO
Released To: PBCJ

Transported By: Ofc. RAMUNNI
Date Transported: 5/25/2025
Time Transported:
Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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: 06/23/2025 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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Booking Deputy: Ofr Horlea LD. 7206 Pouch #:
Signature of Arresting Officer:
Name of Arresting Officer (Print): ROSARIO, J. G. I.D. # 862
Transporting Officer: RAMUNNI I.D. # 896 Agency: BOCA
Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X".

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-005848

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCGRATH, PATRICK JAMES		W	M	02/20/1955

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) 338-1234	

PROBABLE CAUSE STATEMENT

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 25 day of May, 2025 at 02:58 (Specifically include facts constituting cause for arrest.)

The following incident occurred in Boca Raton, Palm Beach County.

On 05/25/2025 at 0035 hours I observed a gray BMW X5 (FL 33DWHR) in the area of 800 N Federal Hwy northbound.

I observed the gray SUV in the inside northbound lane having difficulty maintaining a lane and riding the driver-side white dotted as it approached E Glades Rd. on N Federal Hwy. Once north of E Glades Rd., the vehicle changed lanes into the outside northbound lane. While in the outside lane, the vehicle was again observed riding the driver-side white dotted line as we approached the red light at NE 20th St. and N Federal Hwy the vehicle came to a final stop beyond the solid white line.

The gray BMW then continued north on N Federal Hwy. in the outside lane but began riding in the bicycle lane and was again observed crossing from the center of the lane to the left of the lane and then back to the right of the lane riding in the bicycle lane. A traffic stop was conducted on the vehicle at approximately 4300 N Federal Hwy as the vehicle had an expired FL tag (Exp. 02/20/2025), in violation of F.S.S. 320.07(3A), Expired tag 6 months or less.

I approached the driver's window where I met with the driver and sole occupant of the vehicle, Patrick McGrath. Initially, I observed watery bloodshot eyes and a faint odor of alcoholic beverage. I informed McGrath that I stopped him for the expired tag and also explained to him that I observed him having difficulty maintaining his lane on numerous occasions. I asked McGrath where he had been coming from, he stated he was coming from Cosmos (99 SE 1st Ave.) a local bar in downtown Boca Raton. It should be noted that I asked McGrath for his insurance, and he provided me with his expired registration.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

TYSON, THOMAS ROBERT
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/25/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ROSARIO, JONATHAN GLENN (862)
NAME OF OFFICER (PLEASE PRINT)

05/25/2025
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-005848

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCGRATH, PATRICK JAMES		W	M	02/20/1955

PROBABLE CAUSE STATEMENT

I went to my marked BRPD patrol vehicle before returning to McGrath. I asked him how much alcohol he had consumed, he stated two "Tito`s" brand vodka with soda. He stated he had one around 2330 hours at DeLuca`s in Boca Raton (499 S Federal Hwy) and then one when he went to Cosmos Bar. I then asked him on a scale of one being sober and ten being black-out intoxicated where would he rate himself, he stated a two.

Based on the driving pattern, my observations of the driver, and his admitting to consuming alcohol, I asked McGrath to exit his vehicle and then asked him if he would participate in Field Sobriety Tasks, he stated that he would.

Prior to the start of the tasks, I repositioned my BRPD-marked vehicle (unit 478), and we utilized a solid white line in the roadway. McGrath advised that he was not diabetic, did not wear contacts, glasses, had no recent head injuries, and had not recently been to the doctor / dentist. McGrath agreed that the white line was straight, and the surface was flat. The road was dry, and the roadway was well-lit.

The first task that I conducted was the Pen Light Task to check for HGN (Horizontal Gaze Nystagmus). I utilized my Streamlight brand stylist which emits a red light. I explained the task to him, and he acknowledged that he understood. McGrath moved his head and failed to follow the instructions and moved his head. McGrath showed signs of lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and the onset of nystagmus at or before 45 degrees. During the task I observed McGrath swaying.

Prior to conducting the second task, I asked McGrath how his physical condition was, he stated that he was healthy but did sustain a fall in December in the late 1980`s. He stated that he plays pickle ball, rides bicycles, and exercises regularly agreeing that he is in overall good health.

The second task that I conducted was the walk and turn. The road was flat and dry, and the line was well-lit. I asked McGrath to stand with his arms at his side, his left foot on the line, and his right foot in front of his left foot touching heel to toe. I explained the task to McGrath and demonstrated the task in its entirety. Before he began, he said he had no questions and understood the instructions. On his third step, he failed to do a proper heel-to-toe step. McGrath made an improper turn and took improper steps on steps five and seven while walking back.

The third task that I conducted was the one-leg stand. The road was flat and dry, and the line was well-lit. I asked McGrath to stand with his arms at his side and his feet together. I explained the instructions to him and demonstrated how the task should be performed. He advised that he understood the instructions before beginning. McGrath raised his left leg and began counting. He displayed trouble keeping his balance raising his arms and lowering his leg after counting to eight. He again lowered his leg after counting to thirteen, and fifteen.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

TYSON, THOMAS ROBERT
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/25/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ROSARIO, JONATHAN GLENN (862)
NAME OF OFFICER (PLEASE PRINT)

05/25/2025
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-005848

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCGRATH, PATRICK JAMES		W	M	02/20/1955

PROBABLE CAUSE STATEMENT

The fourth task that I conducted was finger-to-nose. The road was flat and dry, and the line was well-lit. I asked McGrath to stand with his arms at his side and his feet together. I explained the instructions to him and demonstrated how the task should be performed. He advised that he understood the instructions before beginning. After the first command of the left, he failed to immediately remove his finger, and I had to reexplain the instructions. On his second attempt, the sequence went as follows;
Left- touch the tip of his finger to the tip of his nose
Right- touch the tip of his finger to the tip of his nose
Left- missed tip of his finger to tip of his nose
Right- touched tip of his finger to tip of his nose
Right- anticipated left command
Left- missed tip of his finger to tip of his nose

The fourth and final task was the Rhomberg Alphabet. The road was flat and dry, and the line was well-lit. I asked McGrath to stand with his arms at his side and his feet together. I explained the instructions to him and demonstrated how the task should be performed. He advised that he understood the instructions and knew his A, B, and C`s. McGrath was able to successfully go from A to K. He recited L, M, N, O, P in a rhythmic manner. He repeated Q, R, S, T two times. He then said Z, Y, X to finish the task.

Based on the observed driving pattern, my observations, training and experience, I found that Patrick McGrath was in violation of F.S.S. 316.193(1A), Driving Under the Influence.

He was transported to the Boca Raton Police Department. It should be noted that after McGrath was removed from the rear of my marked vehicle, there was a faint odor of alcoholic beverage which could be smelt from the rear seat which is separated by a partition. It should be noted that no one else had been in the rear of my assigned vehicle during this shift.

Ofc. Price responded as the Breath Test Operator, and we conducted a 20-minute observation. Once in the BAT (Breath Alcohol Testing room), McGrath refused to provide a breath sample. He was read his implied consent warnings, acknowledged that he understood them, and again refused.

He was transported to the Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

TYSON, THOMAS ROBERT
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/25/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ROSARIO, JONATHAN GLENN (862)
NAME OF OFFICER (PLEASE PRINT)

05/25/2025
DATE

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

BRPD case number: 2025-005848
Arresting officer: Rosario
1015 Time: 0106
FL M621 372 76 700 0

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the _____day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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ARRESTING OFFICER: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2025-005848

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), May (month), 25 (date), 2025 (year).

B. The time is now approximately 1638 (AM)/PM.

C. The following is in reference to case number 2025-005848.

D. Present at this time is OFC. PRICE & OFC. ROSARIO (Officer's Name) of the Boca Raton Police Department.

E. Officer Rosario, have you arrested Patrick McGrath (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Ye

G. Mr./Mrs./Ms. McGrath, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am OFC. ROSARIO of the BOCA RATON POLICE DEPARTMENT

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 Signature: SEE VIDEO

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. MCGRATH has refused to submit to a breath test.

The date is MAY (month), 25 (day), 2025 (year), and the time is 0142 (AM)/PM.

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Patrick McGrath

CASE #: 2025-00058648 DATE: 05/25/2025

BREATH TEST RESULTS

1) TIME 0142 (REFUSAL) AM/PM 2) TIME ——— AM/PM

3) TIME ——— AM/PM 4) TIME ——— AM/PM

BREATH OPERATOR: Ofc Price

MAINTENANCE TECHNICIAN: Ofc Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Calm

CLOTHING: Button up shirt, Jeans, Brown Shoes

MEDICAL CONDITION: None

OTHER:

COMMENTS:

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Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately _____ AM/PM.

The date is _____ (month), _____ (day), _____ (year).

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 05/25/2025

Date of Last Agency Inspection: 05/09/2025
Observation Period Began: 01:15
Subject's Name: PATRICK J MCGRATH DOB: 02/20/1955 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	01:40
Air Blank	0.000	01:41
Control Test	0.077	01:41
Air Blank	0.000	01:41
Subject Sample #1	REF*	01:42
Air Blank	0.000	01:42
Control Test	0.078	01:43
Air Blank	0.000	01:43
Diagnostics Check	OK	01:43

*Subject Test Refused

Cylinder Lot: 01524080A2
Exp: 03/05/2026

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 DANIEL X PRICE, 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: _____ Date: 05/25/25
Signature

Sworn to (or affirmed) before me this 25 day of MAY, 2025

_____ OFC. J. ROSARIO
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, OFC ROSARIO, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of BOCA RATON POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 25 day of MAY, 2025, at 0106 ☐P.M. ☒A.M.

DRIVER PATRICK J MCGRATH,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # M621 372 76 700 0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC ROSARIO and
(Name of Arresting Officer)

issued citation # AJVJCME.

That on or about the 25 day of MAY, 2025, at 0142 ☐P.M. ☒A.M.

in PALM BEACH County,

I requested that the driver submit to a ☐**breath and/or** ☐**urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Ofc Pnc

Date 05/25/2025

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public _____

HSMV-BAR1001 (REV. 09/2021)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025013689	**Date:** 5/26/2025
	Specialist Name/ID#: T. Howard/7185