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17 CT 11487

1870

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department				Agency Report Number (N.T.A.'s only) 78- 17003739															
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) PGA Blvd/Lake Victoria Gardens Ave, PBG 33410						Location of Offense (Business Name, Address) PGA Blvd/Lake Victoria Gardens Ave, PBG 33410															
Date of Arrest 06/21/17		Time of Arrest 2301		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFFS TOWING									
Name (Last, First, Middle) Mulvaney, Kevin P												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth		Height 5'10		Weight 160		Eye Color Green		Hair Color Brown		Complexion flush		Build thin					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) left ankle tattoo, logo						Marital Status divorced		Religion catholic		Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/> N <input 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		2													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone						Address Source defendant															
Business Address (Name, Street) (City) (State) (Zip) Phone						Occupation owner															
D/L Number, State M-415-515-74-064-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Huntington, NY		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		Name (Last) (First) (Middle)		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		Time															
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		Grade													
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/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410																					
Court Date and Time Month 07 Day 26 Year 17 Time 10:00 AM <input checked="" type="checkbox"/> 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 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 SHOULD BE ISSUED																					
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed									
HOLD for other Agency Name:		Signature of Arresting Officer Melinda Hanton		Name Verification (Printed by Arrestee) Melinda Hanton		I.D. # 305		(PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Melinda Hanton #305		I.D. # 305		Agency PBGPD		Witness here if subject signed with an -X-											
Intake Deputy MANN		I.D. # 8101		Pouch #		Transporting Officer Melinda Hanton		ID # 305		Agency PBGPD		PAGE 1 OF 1									

SCANNED
JUN 23 2017

JUN 22 AM 1:47

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF June 20 17 AT 2250 AM PM

SUBJECT: Mulvaney, Kevin P CASE NUMBER: 17003739

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Melinda Hanton #305

PERSONAL CONTACT

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

On 6/21/17 at 10:50 p.m. I was westbound on PGA Blvd approaching Minsk Gardens Ave when I observed a gray Mercedes convertible in the right lane that was swerving. I observed the Mercedes cross the solid white line to the right then swerve over the line to the left. The Mercedes was traveling below the posted 45 mile per hour speed limit and continued to swerve to the left and right. The Mercedes approached the intersection of Fairchild Gardens Avenue and was slowing to stop even when the light was green and no one was in front of him. The Mercedes then accelerated quickly still swerving as it approached Lake Victoria Gardens Avenue. The Mercedes crossed the solid line to the right and when I activated my emergency lights the

OBSERVATION OF DRIVER:

Mercedes made a right turn from PGA Blvd onto Lake Victoria Gardens Avenue, crossing the extension road. I activated my department issued body camera. I made contact with the white male driver and sole occupant who I identified by the photograph on his Florida drivers license as Kevin Mulvaney. While speaking with Mulvaney I smelled a strong odor of an unknown alcoholic beverage coming from his breath as he spoke, his face was flush, his eyes were red and glassy, his speech was slightly slurred at times, he had mood swings but mostly cooperative, when he exited he was leaning on his car and swaying

DRIVER'S STATEMENTS:

stated he was a retired law enforcement officer many times, stated he had two drinks, then stated he had 3 shots of tequilla, when I asked about medication on scene he stated he was taking Methotrexate for Crohn's Disease. At the BAT stated he takes Xanax and another antidepressant that he couldn't remember the name of

ODORS:

strong odor of an unknown alcoholic beverage coming from his breath as he spoke

GENERAL OBSERVATIONS

SPEECH: slightly slurred at times

ATTITUDE: mostly cooperative, mood swings where he would curse and yell

CLOTHING: purple shirt, black jeans, brown shoes

MEDICAL/OTHER: Xanax, Methotrexate, antidepressant,

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

21st

day of

June

20

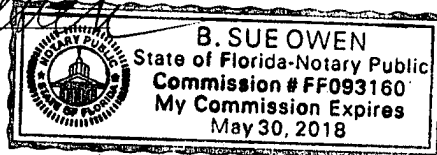
by

ofc Hanton

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

Known

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:☐ LT EYE-LACK OF SMOOTH PURSUIT☐ RT EYE-LACK OF SMOOTH PURSUIT☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION☐ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES☐ RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREESOther Observations:

refused

WALK & TURN:

refused

ONE LEG STAND:

refused

FINGER TO NOSE:

refused

ROMBERG/ALPHABET:

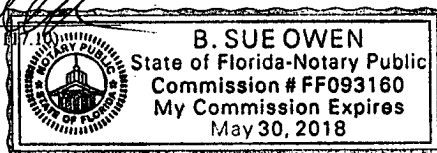
refused

BREATH TEST RESULTS: refusedSTATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 21st day of June, 20 17 by ofc. Hanton
who is personally known to me and/or produced identification. Type of identification produced Known

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



WITNESS LIST

CASE NUMBER: 17003739

ARRESTING OFFICER: Melinda Hanton #305

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) 5617994445

CAN TESTIFY TO: driving, observations, arrest

NAME: Officer R. Artola

ADDRESS: 10500 N Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: backup on scene, tow receipt

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PB Gardens P.D.
SUBJECT: MULVANEY, Kevin Patrick CASE NUMBER: 17-093177
DATE: 6/21/17 VIDEO TAPE NUMBER: DVD # 62828
BEGINNING TIME: 2350 ENDING TIME: 2357
BREATH TESTS RESULTS: **REFUSED** TIME 2355 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.
BREATH OPERATOR: S. Owen #3184
MAINTENANCE TECHNICIAN: J. Karlecke #6467
TESTING OFFICER'S OBSERVATIONS
SPEECH:
ATTITUDE: Friendly, Co-operative x police officer
CLOTHING: brown shoes, black jeans, purple shirt
MEDICAL CONDITIONS: Hip replacement, ckdn's disease
MEDICATIONS: Xanax, meta-trexat, others everyday
OTHER: Xanax and another antidepressant took 10:30 AM

COMMENTS: A/O & A arrived at 2330 hrs.
A/O & observed 20 minutes
A/O requested breath test, A agree
When A got up to instrument, decided
not to give breath, A/O read I/C,
A understood, still refused
A/O read c/w, A understood rights

SUBJECT: 17-105739 CASE NUMBER: 17-105739

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 M. Hanton 30 of the Palm Beach Gardens (20)

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)

Read on Camera

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. ✓

SUSPECT'S SIGNATURE: (X)

Read on Camera

SUBJECT: Delaney, Kevin Patrick CASE NUMBER: 17-003739

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? NO

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: Off. M. Hinton 30x

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL