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17 CT 11487

1870

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

1

Juvenile

N

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report														
ADMINISTRATIVE	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>			Agency Report Number (N.T.A.'s only) <b>78- 17003739</b>											
	ChargeType: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator								
Location of Arrest (Including Name of Business) <b>PGA Blvd/Lake Victoria Gardens Ave, PBG 33410</b>			Location of Offense (Business Name, Address) <b>PGA Blvd/Lake Victoria Gardens Ave, PBG 33410</b>														
Date of Arrest <b>06/21/17</b>		Time of Arrest <b>2301</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>KAUFFS TOWING</b>					
Name (Last, First, Middle) <b>Mulvaney, Kevin P</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)														
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		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) <b>left ankle tattoo, logo</b>						Marital Status divorced		Religion catholic		Indication of: Y Alcohol Influence N Drug Influence		Unk.					
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) <b>Same as Local Address</b>			(City)		(State)		(Zip)		Phone		Address Source defendant						
Business Address (Name, Street) <b>self employed-pool business</b>			(City)		(State)		(Zip)		Phone		Occupation owner						
DL Number, State <b>M-415-515-74-064-0</b>		F1		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Huntington, NY</b>		Citizenship <b>US</b>							
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					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property											
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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	Charge Description <b>DUI</b>				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>				Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense #			Warrant / Capias Number				Bond						
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond						
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond						
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond						
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410</b>																
Court Date and Time Month 07 Day 26 Year 17 Time 10:00 AM ✓ 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 SHALL BE ISSUED																	
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed																	
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer X <i>Mcinda Hanton</i> 305			Name Verification (Printed by Arrestee) <b>5:26 PM</b>										
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>Mcinda Hanton #305</b>		I.D. # <b>305</b>		(PRINT)							
Intake Deputy <i>Mcinda Hanton</i>			I.D. # <b>305</b>			Transporting Officer <b>Mcinda Hanton</b>		ID # <b>305</b>		Agency <b>PBGPD</b>		PAGE <b>1</b>					
Witness here if subject signed with an -X- 1 OF 1																	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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 tequila, 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,

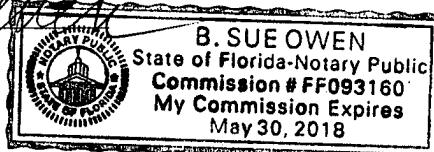
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21<sup>st</sup> day of June 20 17 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:

<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:

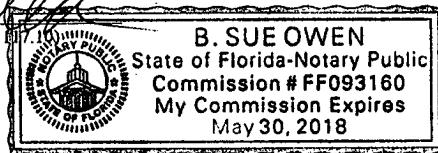
refused

BREATH TEST RESULTS: refusedSTATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 21<sup>st</sup> day of June, 2017 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. #1710)



# 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 \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

## TESTING FACILITY TASK REPORT

SUBJECT: MULVANEY, Kevin Patrick AGENCY: PB Gardens P.D.  
CASE NUMBER: 17-093177 DIV# 17

DATE: 7-21-77 VIDEO TAPE NUMBER: 62020  
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, cooperative, willing to help

ATTITUDE: friendly, co-operative & polite officer

CLOTHING: brown shoes, black jeans, purple shirt

MEDICAL CONDITIONS: Hip replacement, Crohn's disease

MEDICATIONS: Xanax, metformin, others, every day

OTHER: Xanax and another antidepressant took 10:30 AM

COMMENTS: ~~NO & A 3 FRIED AT 2330 hrs~~

• Los alcanzan 30 minutos

Also requested breath test, agreed

When I got up to instrument, decided

~~NOT to give breath, also read I/C,~~

S understood, still refused

## **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 John M. Hartman 30 of the Palm Beach Gardens, FL

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

## 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: John M. Hatcher 30r