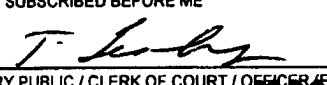
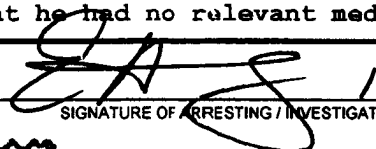
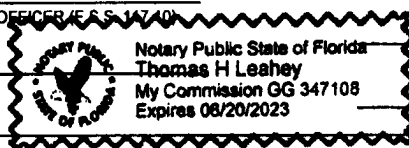


A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR 50-2021-CJ-012741 A58				3. Request for Warrant 4. Request for Capias		1	JUVENILE	
	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-009218						
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 UNARMED		Multiple Clearance Indicator 1						
	Location of Arrest (Including Name of Business) NE 5TH AVE/NE 2ND ST		Location of Offense (Business Name, Address) 199 NE 5TH AVE/NE 2ND ST, DELRAY BEACH, FL 33483								
J U V E N I L E	Date of Arrest 08/02/2021	Time of Arrest 00:14	Booking Date 08/02/2021	Booking Time 00:24	Jail Date 08/02/2021	Jail Time 01:33	Location of Vehicle WESTWAY TOWING BOCA				
	Name (Last, First, Middle) MACFARLANE, ROBERT CHARLES		Alias: MACFARLANE, ROBERT CHARLES		Alias (Name, DOB, Soc. Sec. #, Etc.)						
C O D E F	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 02/09/1990	Height 5'11	Weight 190	Eye Color HAZEL	Hair Color BROWN	Complexion FAIR	Build MEDIUM		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion NOT INDICA	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
C O D E F	Local Address (Street, Apt. Number) 4904 VINE CLIFF WAY E, PALM BEACH GARDENS, FL 33418		(City) FL 33418	(State) FL	(Zip) 33418	Phone (973) 277-9739		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Permanent Address (Street, Apt. Number) 4904 VINE CLIFF WAY E, PALM BEACH GARDENS, FL 33418		(City) FL 33418	(State) FL	(Zip) 33418	Phone (973) 277-9739		Address Source 2			
C O D E F	Local Address (Name, Street) SLIMFAST, PALM BEACH GARDENS		(City) FL 33418	(State) FL	(Zip) 33418	Phone (973) 277-9739		Occupation Director			
	D/L Number, State M216763900490 / FL		Sec. Sec. Number [REDACTED]		Place of Birth (City, State) PATTERSON, NJ		Citizenship US				
C O D E F	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				
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
J U V E N I L E	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						
J U V E N I L E	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.					School Attended		Grade			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					Description of Property		Value of Property			
C O D E F	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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					
C H A R G E	Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)A		Violation of ORD #						
	Drug Activity N	Drug Type N	Amount / Unit /	Offense # 21-009218	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
I N T A K E	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"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		
N O T I C E	Transported By		Date Transported 09/02/2021		Time Transported		Other				
	<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 09/02/2021 08:30:00		No Photo Available				
T O A P P E A R	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE CHARGE(S) CHARGED OR TO PAY THE FINE(S) 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/Guardian)		Date Signed						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name Verification (Printed by Arrestee) HERNANDEZ, EDWIN		I.D. # 1194		Agency DBPD		
A D M I N	HOLD for Other Agency		Signature of Arresting Officer HERNANDEZ, EDWIN		I.D. # 1194		Name Verification (Printed by Arrestee) HERNANDEZ, EDWIN		I.D. # 1194		
	Initials [Signature]		Pouch #		Transporting Officer E. HERNANDEZ		I.D. # 1194		Agency DBPD		

0524976

36 # 3784

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE		
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-009218						
	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:						
D E F E N D A N T	Name (Last, First, Middle) MACFARLANE, ROBERT CHARLES				Alias		Race W	Sex M	Date of Birth 02/09/1990		
	Charge Description 316.193(1)A DRIVING WHILE UNDER INFLUENCE				Charge Description						
C H A R G E S	Charge Description				Charge Description						
	Charge Description				Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race		Sex	Date of Birth			
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source				
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		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... <input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by OFc. MITCHELL who told E. HERNANDEZ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 2 day of August , 2021 at 02:02 (Specifically include facts constituting cause for arrest.)											
The following incident occurred in the City of Delray Beach, County of Palm Beach, State of Florida. On August 1st, 2021 at approximately 11:50pm, I responded to the area of NE 5th Ave and NE 2nd St to assist Ofc. R Mitchell with a traffic stop. Ofc. Mitchell advised that he observed a black Cadillac passenger car traveling the wrong way on US 1 SR 5 (NE 5TH AVE), a one-way road. He initiated a traffic stop and the vehicle came to a final stop in the 500-block of NE 2nd St. Ofc. Mitchell contacted me and requested assistance with a DUI investigation as he believed the driver may be impaired (see supplement). Upon my arrival, I observed a black Cadillac passenger car bearing Florida tag CUNB93, with a white male in the driver's seat. Ofc. Mitchell provided me with the driver's Florida license which identified him as Robert Macfarlane. I approached Macfarlane and asked if he understood why he was stopped. Macfarlane advised that he was traveling in the wrong direction on US 1 SR 5 (NE 5TH AVE). I observed that Macfarlane had glassy eyes and slurred speech. To separate Macfarlane from the other occupants, I asked him to exit the vehicle and step to its rear. While speaking with Macfarlane outside of the vehicle, I smelled the obvious odor of an unknown alcoholic beverage on his breath. Macfarlane advised that he and his friends were leaving the Tin Roof Bar on E Atlantic Ave after celebrating a birthday. I asked Macfarlane how much he had to drink, and he responded one Bud Light Beer in a bottle. Macfarlane stated that he arrived at Tin Roof at approximately 10:30pm and left a few minutes before the traffic stop. Believing that Macfarlane may be impaired I requested that he perform the Standardize Field Sobriety Tasks to dispel my suspicion. Macfarlane agreed and the following observations were made: It should be noted that Macfarlane advised that he had no relevant medical conditions.											
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 147.40) 08/02/21 DATE </div> <div style="width: 45%;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HERNANDEZ, EDWIN (1194) NAME OF OFFICER (PLEASE PRINT) 08/02/2021 DATE </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">  </div> <div style="width: 45%; text-align: right;"> 1194 1 OF 2 </div> </div>										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		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 I S T R A T I V E	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-009218				
	Charge Type: <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) MACFARLANE, ROBERT CHARLES			Race W		Sex M		Date of Birth 02/09/1990
<p>HORIZONTAL GAZE NYSTAGMUS: 6 of 6 clues Macfarlane's eyes were checked for pupil size and equal tracking; no abnormalities were noted. I observed the following in both eyes; lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees. Macfarlane had to be reminded to keep his head still during this task. Macfarlane did not exhibit vertical gaze nystagmus in either eye. It should be noted that Macfarlane swayed in all directions during this task.</p> <p>WALK & TURN: 4 of 8 clues Macfarlane was given all instructions and advised that he understood before starting this task. Macfarlane stopped walking before the turn to ask how to proceed. Macfarlane missed heel-to-toe steps multiple times both before and after the turn. Macfarlane stepped off-line after the turn and turned improperly. It should be noted that Macfarlane did not count out loud as instructed during this task.</p> <p>ONE LEG STAND: 1 of 4 clues Macfarlane was given all instructions and advised that he understood before starting this task. Macfarlane swayed during this task but did not lose his balance. It should be noted that Macfarlane did not maintain his gaze on his elevated foot as instructed.</p> <p>FINGER TO NOSE: 3 of 4 clues Macfarlane was given all instructions and advised that he understood before starting this task. Macfarlane did not return his arms to the side and missed his fingertip to nose every time. Macfarlane used the wrong hand for the last two prompts. It should be noted that Macfarlane swayed left to right during this task.</p> <p>ROMBERG ALPHABET: 2 of 4 clues Macfarlane was given all instructions and advised that he understood before starting this task. Macfarlane correctly recited his alphabet until the following sequence: "Q-R-S-T-U-V-Q-R-S-T-N-Y-Z". Macfarlane also swayed during this task while concentrating to correct his error.</p> <p>The occupants in the vehicle attempted to negotiate for Macfarlane to be released into their custody and given a ride home. During the interview at the Palm Beach County Breath Alcohol Testing Facility, Macfarlane contradicted his roadside statements. Macfarlane advised that he only drank an alcoholic beverage with dinner at approximately 6:00pm. When asked about the discrepancy, Macfarlane advised that he drank the cocktail in addition to the beer stated earlier. Macfarlane refused to provide a breath sample after being read the Implied Consent warning.</p> <p>Based on the totality of the circumstances, probable cause does exist to arrest Robert Charles Macfarlane for DUI pursuant to FSS 316.193(1A).</p>							
SWORN AND SUBSCRIBED BEFORE ME		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>T. Leahy</i> NOTARY PUBLIC / CLERK OF COURT, STATE OF FLORIDA My Commission GG 347108 Expires 08/20/2023 08/02/21 DATE</p> </div> <div style="width: 50%; text-align: right;"> <p><i>[Signature]</i> 1194 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HERNANDEZ, EDWIN (1194) NAME OF OFFICER (PLEASE PRINT) 08/02/2021 DATE</p> </div> </div>					



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

PBSO CASE # 21-091706 PBSO ZONE 4-11

AGENCY CASE # 21-009218 CRASH CASE # _____

TIME OF CRASH/STOP 2350 DATE 08/02/21 DAY Monday

SUBJECT'S NAME ROBERT CHARLES MACFARLANE RACE W SEX M

HGT 511 WGT 190 DOB 02/09/1990

LOCATION NE ~~SE~~ 5th Ave/^{NE} 2nd St, Delray Beach, FL

ARRESTING OFFICER NAME & ID E. HERNANDEZ AGENCY DELRAY BEACH POLICE

DIVISION PATROL 1194

NOTIFIED BY COMM Yes

ARRIVAL AT FACILITY 0037

TIME OF ARREST 0014

BREATH RESULTS:

1. **REFUSED**
2.
3.
4.

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

SUBJECT: Macfarlane, Robert C

CASE NUMBER: _____

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 Off E Hernandez #1194 of the PBPD

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: MacFarlane, Robert C CASE NUMBER: _____

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? UNSURE / NOT FAMILIAR

DIRECTION OF TRAVEL? NORTH WHERE DID YOU START? ATLANTIC AVE

WHAT TIME DID YOU START? APPROX 10:30 WHAT TIME IS IT NOW? GUESS OF 11:00

WHAT IS TODAY'S DATE? AUG. 1ST WHAT DAY OF THE WEEK IS IT? SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PAUM BEACH COUNTY, WEST PAUM

WHEN DID YOU LAST EAT? 6:00 PM WHAT DID YOU EAT? PIZZA (2 SLICES)

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? HANGING OUT WITH FRIENDS

HOW MUCH DO YOU WEIGH? 190 HAVE YOU BEEN DRINKING? YES WHAT? VODKA CLUB SODA

HOW MUCH? 1 WHERE? ATLANTIC AVE WITH WHOM? FRIENDS

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:PM AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NURSED

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? YES ARE YOU UNDER THE INFLUENCE? FEEL NORMAL

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? DIRECTOR OF REVENUE WHEN DID YOU LAST WORK? TODAY HOME

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

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

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

WERE YOU IN AN ACCIDENT TODAY? N

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Y WHAT? ADDERALL WHEN? FRIDAY

DO YOU HAVE: EPILEPSY? No

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

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? NJ

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

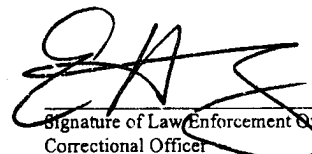
PINK - CENTRAL RECORDS

GOLD - JAIL

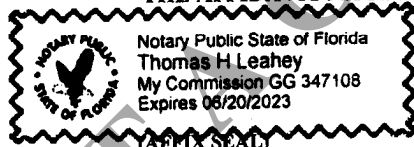
**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

I, E. HERNANDEZ, a duly-certified Law Enforcement Officer or Correctional Officer,
(Person Reading Implied Consent Warning)
and a member of DELRAY BEACH POLICE, and I do swear
(Name of Enforcement Agency)
or affirm that on or about the 1st day of August, 20 21, at 0014 P.M. A.M.
(Circle One)
NAME: ROBERT CHARLES MACFARLANE
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # M216-763-90-049-0, state of Florida, was placed under lawful arrest for
the offense of DUI by E. HERNANDEZ and
(Name of Arresting Officer)
issued Citation # AE27T8E

That on or about the 2nd day of August, 20 21, at 01:08 P.M. (Circle One)
In Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a ☒breath, ☐urine, or ☐blood test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or
her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of
such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits misdemeanor, if
said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to
submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will
result in the disqualification of the driver's Commercial Driver's License/privilege 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 such test.
Said person did at that time and place refuse to submit to such test or tests.


Signature of Law Enforcement Officer or
Correctional Officer

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



The foregoing instrument was sworn and subscribed before
me this 18th day of July, 20 21,
by E. HERNANDEZ,
who is personally known to me or who has produced

known LEO as identification
Notary Public T. Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Macfarlane, Robert C

CASE NUMBER: 21-091706

DATE: Aug 2, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0059

ENDING TIME: 0118

BREATH TESTS RESULTS: 1) R TIME 0108 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, thick

ATTITUDE: repetitive, calm

CLOTHING: green shorts, black s/s shirt, black shoes

MEDICAL CONDITIONS: none

MEDICATIONS: adderall - not today

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank 1 vodka/soda drink & 1 bud lite beer - Q&A

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0037 hrs

subject refused to perform breath test

A/O read I/C, 2X & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O conducted Q&A

subject answered questions

REFUSED



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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: 2021019087

Date: 8/2/2021

Specialist Name/ID: M.Meek/33849