

0524998

2/ CT 12884

2813

OBYS 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 0501600		Agency Name JUNO BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 52-		21-000271							
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No NO		Multiple Clearance Indicator 01									
Location of Arrest (Including Name of Business) 12775 US Highway 1, Juno Beach Fl., 33408				Location of Offense (Business Name, Address) 12750 US Highway 1, Juno Beach Fl., 33408									
Date of Arrest 08/03/2021		Time of Arrest 1234		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle All Florida Tow	
Name (Last, First, Middle) Maclean, Robert S.				Alias (Name, DOB, Sec. Sec. #, Etc.) NONE									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 04/01/1966		Height 601		Weight 175		Eye Color BLUE		Hair Color BLND	
Complexion LGHT		Build THN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status S		Religion CHRISTI		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2377 COUNTRY OAKS LN, PALM BEACH GARDENS FL., 33410				(City) (303)		(State) 810-7949		(Zip)		Phone		Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) SAME				(City)		(State)		(Zip)		Phone		Address Source FL DL	
Business Address (Name, Street) UNKNOWN				(City)		(State)		(Zip)		Phone		Occupation UNKNOWN	
D/L Number, State M24577661210				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) MELBOURNE, AUSTRA		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	
Parent Legal Custodian Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) (City) (State) (Zip) Business Phone () () () Released To: (Name) Relationship Date Time The above address provided by defendant and / or 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) 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 Synthetics U. Unknown Z. Other													
Charge Description DUI				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #			
Drug Activity N				Drug Type N		Amount / Unit		Offense # 21-000271		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				Court Date and Time Month 08 Day 03 Year 2021 Time 4:04 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 WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent / Custodian) [Signature] Date Signed 8/3/21					
HOLD for other Agency Name: [Signature]				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]		Name of Arresting Officer (Print) OFC. MCGRUFF		I.D. # 272		Witness here if subject signed with an X	
DANGEROUS <input type="checkbox"/> RESISTED ARREST <input type="checkbox"/> SUBJACAL <input type="checkbox"/> OTHER <input type="checkbox"/> Intake Deputy [Signature] I.D. # [Signature] Pouch # [Signature]				Transporting Officer OFC. MCGRUFF 272		ID # 272		Agency JUNO		Witness here if subject signed with an X		SCANNED AUG 3 2021	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF AUGUST 2021 AT 1234 AM PM
SUBJECT: MACLEAN, ROBERT S. CASE NUMBER: 21-000271
AGENCY: JUNO BEACH PD ARRESTING OFFICER: MCGRIFF 272

PERSONAL CONTACT

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

Received call from gas station clerk that there was a subject asleep in his vehicle at pump #5 (Mobil) gas station. Upon arrival, I observed a white in color Audi SUV (PEQN23) parked with a white male driver inside. The subject was asleep in the vehicle with the car running. There was an open container of "Twisted Tea" next to the driver in the cup holder.

OBSERVATION OF DRIVER:

The driver had his head down leaning towards his right. I opened the driver door and awoke the driver, later identified by his Florida license as the defendant. I observed his eyes to be reddish and his speech was slurred.

DRIVER'S STATEMENTS:

The driver stated he was at the gas station for a few minutes and that he was tired. The driver denied drinking any of the alcohol from the open can of alcoholic beverage. The driver stated he took medicine for his prostate today.

ODORS:

There was only a faint odor of alcohol when he initially exited the vehicle and spoke in close proximity to me.

GENERAL OBSERVATIONS

SPEECH: Slow, slurred

ATTITUDE: Compliant

CLOTHING: White shirt, shorts, and sneakers

MEDICAL PROBLEMS: Prostate issue

MEDICATIONS: Unknwon

OTHER: _____

SCANNED

AUG 4 2021

SUBJECT: Maclean, Robert S.

CASE NUMBER: 21-000271

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LEFT EYE DOES NOT FOLLOW SMOOTHLY

☐ RIGHT EYE DOES NOT FOLLOW SMOOTHLY

☐ LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☐ RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☐ DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

☐ DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? N/A

WALK AND TURN:

Subject stated he understood the instruction. Couldn't keep balance during instruction, stopped walking to steady himself, missed heel to toe 6,8,9 up and 3,4,5,6 back, stepped off the line, used his arms for balance, and improper turn.

CAN NOT DO, WHY? _____

ONE LEG STAND:

Subject stated he understood the instructions. Subject swayed while in the starting position, used his arms for balance (over six inches), began to hop during the task, placed his foot down several times prior to the 30 second instruction.

CAN NOT DO, WHY? _____

FINGER TO NOSE:

Subject stated he understood the instructions. Subject swayed noticeably while performing the task.

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

Subject stated he understood the instruction and was asked to count from 7-20. Subject's speech was slurred.

CAN NOT DO, WHY? _____

BREATH TEST RESULTS:

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS

BY. _____

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)



SIGNATURE OF ARRESTING OFFICER

[Signature]

05/03/21 (DATE)

SCANNED
AUG 4 2021

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

Ofc. McGriff #272 a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)
Officer, am a member of Juno Beach P.D. and I do swear
(Name of enforcement agency)
or affirm that on or about 3 day of August, 2021, at 1234 P.M. A.M.
(Type or Print) Robert Sutherland McClean (Circle One)
the NAME FIRST MIDDLE OR MAIDEN LAST
DL# M245777661210, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. McGriff #272 and
(Name of Arresting Officer)
issued Citation # AOA920E

That on or about 3 day of August, 2021, at 14:43 P.M. A.M.
(Circle One)
in Palm Beach County, I did request said
person to submit to a ☒ Breath ☐ 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 a misdemeanor, if said
person refuses to submit to a lawful test as requested above, and his/her driving privilege has been previously suspended for a prior refusal to submit to
submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, 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.

Ofc. [Signature] #272
Signature of Law Enforcement Officer or
Correctional Officer



The foregoing instrument was sworn and subscribed
before me this 03 day of Aug, 2021
by Ofc. C. McGriff
who is personally known to me or who has produced
Ofc. ID as identification.

Notary Public _____

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. If no DUI arrest is made, attach HSMV 72005 (Notice of
Commercial Driver's License/Privilege Disqualification).

WITNESS LIST

CASE NUMBER: 21-000271

ARRESTING OFFICER: McGriff #272

ADDRESS: 340 Ocean Dr., Juno Beach Fl., 33408

PHONE NUMBERS (HOME): 561-626-2100 (WORK)

CAN TESTIFY TO: All facts in PC

NAME: Sgt. Fitch

ADDRESS: 340 Ocean Dr., Juno Beach Fl., 33408

PHONE NUMBERS (HOME): 561-626-2100 (WORK)

CAN TESTIFY TO: Observation of defendant

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

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

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

907-1110
AUG 4 2

TESTING FACILITY TASK REPORT

AGENCY: JBPD

SUBJECT: Maclean, Robert S.

CASE NUMBER: 21-092203

DATE: Aug 3, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 14:45

ENDING TIME: 14:52

BREATH TESTS RESULTS: 1) Refusal TIME 14:43 A.M. ☐ P.M. ☒ 2) N/A TIME ----- A.M. ☐ P.M. ☐
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Agitated, moody

CLOTHING: Light blue shorts, white t-shirt, black sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & red
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at hrs.

Subject agreed to perform breath test. Once Tech. had the interment ready subject stated he wanted to do blood.

A/O read I/C and subject stated understood I/C.

A/O called refusal.

A/O read rights.
Subject stated he understood rights.

A/O attempted Q&A
Subject invoked the right to counsel.

REFUSED

SCANNED
AUG 4 2021

SUBJECT: Mclean, Robert 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 _____ of the _____.

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 SCANNED
APR 4 2021

SUBJECT: William, Robert J. 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? _____

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: _____



**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: 2021019204

Date: 8/4/2021

Specialist Name/ID: M. Took #8557

SCANNED
AUG 4 2021