C2455414 24mm1736 3105

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000 | Agency Name: Lantana Police Department | Agency Report Number (N.T.A.'s only): 6 1 4 24-000973

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 | Multiple Clearance Indicator: 3

Location of Arrest (Including Name of Business): 1200 SCOTIA DR HYPOLUXO FL, 300 S DIXIE HWY BLK, | Location of Offense (Business Name, Address): 300 S DIXIE HWY BLK, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/29/2024	22:20	02/29/2024	22:30			1200 SCOTIA DR

DEFENDANT

Name (Last, First, Middle): CONLEY, ROBERT WAYNE | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.)

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	03/03/1971	6'00	200	BROWN	GRAY OR	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: U | Religion: N.A.C | Indication of Alcohol Influence ☒ Yes ☐ No ☐ Unk, Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 1200 SCOTIA DR 204, HYPOLUXO, FL 33462 | Phone | Residence Type: 1 City 3 Florida 2 County 4 Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1200 SCOTIA DR 204, HYPOLUXO, FL 33462 | Phone | Address Source

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C540779710830 /	[redacted]		Woburn MA	US

CO-DEFEN

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) (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.

School Attended | Grade

☐ Yes, by: ☐ No | 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. Disperses/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 #
DUI-DRIVING UNDER THE INFLUENCE	316.193(1) a	

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 #
REFUSAL TO SUBMIT TO BAL TEST	316.1939(1)(E)	

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 #
RESIST/OBSTRUCT W/OUT VIOLENCE	843.02	

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

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ ... Explain

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To: FILED PBC - GUN CLUB '24 MAR 1 AM 8:15

Transported By | Date Transported | 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): 200 W Atlantic Ave Delray Beach FL.
Court Date and Time: 3/25/24 0830 AM.

No Photo Available

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) | Date Signed

ADMIN

HOLD for Other Agency | Signature of Arresting Officer 839 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): TUANG, NGIN SIAN | ID #: 839

Intake Facility: PBSO (7200) | Pouch # | Transporting Officer: TUANG | ID #: 839 | Agency: LPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

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

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502000	LANTANA POLICE DEPARTMENT	6 | 4 24-000973

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

Special Notes:

DEFENDANT

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CONLEY, ROBERT			M	03/03/1971

CHARGES

Charge Description	Charge Description
316.193(1) DUI-DRIVING UNDER THE INFLUENCE	843.02 RESIST/OBSTRUCT W/OUT VIOLENCE
Charge Description: 316.1939(1)(E) REFUSAL TO SUBMIT TO BAL TEST	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

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

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 29 day of February, 2024 at 22:20 *(Specifically include facts constituting cause for arrest.)*

On 02/29/2024 at approximately 2212 hrs, I Ofc Tuang #839 observed a vehicle (2018 Silver Cadillac bearing FL tag# PCCB72) traveling 57 mph in 35 mph posted zone in the 300-blk S Dixie Hwy. The speed was confirmed using ProLaser 4 SN: LF12550. The vehicle continued travel southbound on S Federal Hwy, Hypoluxo at a high rate of speed. The vehicle then made a U Turn in the 7700-blk S Federal Hwy just south of the entrance of Mariner`s Cay. The vehicle then entered the entrance of Mariner`s Cay Condominium. I initiated my emergency lights at this time.

The driver, later identified as Robert Conley (DOB 03/03/71) initially stopped at the front gate of condominium. Conley opened the gate using his key fob and traveled southbound in the community. Conley then parked his vehicle in the parking lot by his residence (1200 Scotia Dr Hypoluxo FL) and got out of the vehicle. I ordered Conley to go back in the vehicle, which he refused, told me "excuse me, I am going home" and started to walk away from the car. I then ordered Conley to sit down, which he refused and continued to walk away. I then grabbed Conley and escorted him down on the ground, where he was placed in handcuffs. Handcuffs were checked for tightness and double locked.

Upon contact, I could smell strong odor of alcohol emitting from Conley`s mouth. Conley had bloodshot glassy eyes and his speech were slurred. Conley was advised that he was under arrest for resisting without violence and he was placed in the backseat of Ofc Murdock`s vehicle. Conley was then transported to LPD HQ`s Sally Port to conduct a SFSTs. Upon arrival of LPD HQ, I advised Conley that I was going to conduct a DUI investigation and requested Conley to perform a SFSTs. Conley was argumentative and he kept saying "I plea the fifth". I advised Conley of the Taylor`s Warning. Conley kept saying "I plea the fifth" and ultimately refusing to perform the SFSTs.

Conley was transported to PBCJ BAT. Upon arrival Conley was observed for 20 minutes.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

03/01/24
DATE

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

839

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TUANG, NGIN SIAN (839)
NAME OF OFFICER (PLEASE PRINT)

03/01/2024
DATE

PAGE 1 OF 2

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

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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 FL0502000	LANTANA POLICE DEPARTMENT	6 | 4 24-000973

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
CONLEY, ROBERT			M	03/03/1971

PROBABLE CAUSE STATEMENT

After the 20 minute observation period, Conley was asked to provide samples of his breath. Conley kept saying "I plea the fifith" during my request of the breath and during when I was reading the implied consent. The refusal was subsequently called at 2318 hrs.

Let it be known Conley had a prior refusal for breath test on 05/29/2000. Probable cause exists to charge Conley with resisting without violence, DUI and refusal to submit to a BAL test. Conley was processed and lodged at the Palm Beach County Jail. Conley was issued a citation for DUI (AHU9BFE), Unlawful Speed (AIU4VGE) and refusal to submit to BAL test (AIU4VTE).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

03/01/2024
DATE

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2026

839

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TUANG, NGIN SIAN (839)
NAME OF OFFICER (PLEASE PRINT)

03/01/2024
DATE

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

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

PBSO CASE # 24-039250 PBSO ZONE I-35

AGENCY CASE # 24-000973 CRASH CASE #

TIME OF STOP/CRASH 2212. DATE 02/29/24 DAY Thursday

SUBJECT'S NAME Robert W. Conley RACE W SEX M

HGT 6'00" WGT 200 lbs. DOB 03/03/71

LOCATION 300 - BLK S. Dixie Hwy Lantana FL

ARRESTING OFFICER'S NAME & ID Tuang #839 AGENCY Lantana PD.

DIVISION: Road Patrol.

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2250

Arrest Time 2220

BREATH RESULTS:

1. REFUSED
2.
3.
4.

TESTING OFFICER'S ID 16877

NOT A CERTIFIED COPY

SUBJECT: Conley, Robert W. 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: _____

NOT A CERTIFIED COPY

SUBJECT: Conley, Robert W. 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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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

NOT A CERTIFIED COPY

SUBJECT: Conley, Robert W. 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: _____

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Lantana PD/ 24-000973

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, **N. Tuang**, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of **Lantana Police Dept.**, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the **29th** day of **February**, 20**24**, at **22:20** ☑P.M. ☐A.M.

DRIVER **Robert** **W** **Conley**,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # **C540-779-71-0830**, state of **Florida**, was placed under lawful arrest for

the offense of **DUI** by **N. Tuang** and
(Name of Arresting Officer)

issued citation # **AHU9BFE**.

That on or about the **29th** day of **February**, 20**24**, at **23:18** ☐P.M. ☐A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

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

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2026
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **29th** day of **February**, 20**24**, by **N. Tuang**, who is personally known to me or who has produced _____ as identification.

Notary Public _____

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.

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EFFECTIVE OCTOBER 1, 2021

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: Conley, Robert W.

CASE NUMBER: 24-039250

DATE: Feb 29, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:15

ENDING TIME: 23:19

BREATH TESTS RESULTS: 1) Refused TIME 23:18 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 TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, agitated, argumentative

CLOTHING: Cream jeans, green t-shirt, light gray sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are red

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:50 hrs.

Subject refused to answer if he would perform breath test.

A/O read I/C and subject talking over A/O.

Subject refused to answer again if he would perform breath test.

Subject talking over A/O.

A/O read rights and subject talking over A/O.

NO Q&A conducted.

REFUSED

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Lantana PD/ 24-000973

DUI WITNESS LIST

Arresting Officer: N. Tuang 839 Email: ntuang@lantana.org
Agency Address: 901 N 8th St Lantana, FL 33462 Phone: (561) 540-5701
Can Testify To: Facts of the case

Backup Officers: L. Murdock
Agency Address: 901 N 8th St, Lantana, FL 33462 Phone: (561) 540-5701
Can Testify To: Facts of the case

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: Joseph Thiem Involvement: Witness of Altercation
Address: 1000 Scotia Dr #403 Hypoluxo FL Phone: (612) 559-6782
Can Testify To: Facts of the Case ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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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: 2024005651	**Date:** 3/1/2024
	Specialist Name/ID#: J. Gaines/ 44177