

053444 \$

22 CT. 20570 ANB 108

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 22-004697</b>			
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		If Weapon Seized Enter Type: <b>UNARMED</b>	
Location of Arrest (Including Name of Business) <b>CENTER ST/N ALT A1A, JUPITER FL 33477</b>				Location of Offense (Business Name, Address) <b>1 CENTER ST/N ALT A1A, JUPITER, FL 33477</b>			
Date of Arrest <b>12/10/2022</b>	Time of Arrest <b>21:52</b>	Booking Date <b>12/10/2022</b>	Booking Time <b>22:02</b>	Jail Date <b>// : : :</b>	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>RUTH, ARTHUR RANDOLPH</b>		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>07/06/1942</b>	Height <b>5'10</b>	Weight <b>160</b>	Eye Color <b>BROWN</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1127 E SEMINOLE AVE 11A, JUPITER, FL 33477</b>		(City)	(State)	(Zip)	Phone <b>(631) 456-3886</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>1127 E SEMINOLE AVE 11A, JUPITER, FL 33477</b>		(City)	(State)	(Zip)	Phone <b>(631) 456-3886</b>	Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
D/L Number, State <b>R300056422460 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>NEW YORK, NY, United</b>		Citizenship <b>US</b>	
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		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone		
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			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 <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, by: <input type="checkbox"/> No		Property, Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b>VEHICLE DAMAGE</b>		Value of Property <b>\$5,000</b>	
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
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				
Charge Description <b>DUI - DAMAGE TO PERSON/PROPERTY</b>		Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #			
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
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	
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	
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			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail	
Transported By		Date Transported <b>// : : :</b>	Time Transported	Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) <b>North County PALM BEACH GARD</b>		No Photo Available	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time <b>01/11/2023 08:30:00</b>			
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			
HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>NOBLE, RILEY</b>		I.D.# <b>1226</b>	
Intake Deputy <b>TIC 9383</b>		Pouch #		Transporting Officer <b>NOBLE, RILEY</b>		I.D.# Agency <b>1226 JUPITE</b>	
Witness here if subject signed with an "X"							

SCANNED  
DEC 11 2022

1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 22-004697</b>	
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Charge Type Check as many as apply.	<input type="checkbox"/> 1 Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes
	<input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other	

Name (Last, First, Middle) <b>RUTH, ARTHUR RANDOLPH</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/06/1942</b>
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Charge Description <b>316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>RUIZ, ANDREA</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/29/1971</b>
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Local Address (Street, Apt Number) <b>3161 LAUREL RIDGE CIR, RIVIERA BEACH, FL 33404</b>	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

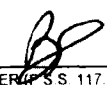

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of December, 2022 at 00:24 (Specifically include facts constituting cause for arrest)

On Saturday December 10th, 2022 at approximately 2059 hours, I responded to the intersection of Center ST/N ALT A1A in reference to a vehicle crash.

Upon arrival, I found a gray Toyota SUV (bearing FL Tag#RMY579), crashed into the front left side of a black Honda SUV (bearing FL Tag#CUWW16). I made contact with a witness on-scene, Mario Rossi (W/M12/6/1982), who stated that he saw the gray Toyota make a very wide turn and hit the black Honda that was in the opposite lane of travel attempting to make a left turn. The driver of the black Honda, Zachery McConnell (W/M 10/17/1997), was still sitting in the driver seat and was unable to get out due to the Toyota being smashed into his driver door. McConnell gave a sworn statement stating that he saw the gray SUV make a wide right turn and smash right into his car. McConnell also stated that the driver, later identified as the registered owner of the Toyota, Arthur Ruth (W/M 07/06/1942), came stumbling out of his car and appeared very uneasy on his feet and was falling over. Ruth stated that he did not know how he hit the other car and must have made a wide-turn.

During my crash investigation, Ruth was having a hard time following instructions to stay out of the roadway, was swaying and almost falling all over the place, and I immediately detected a very strong odor of an unknown alcoholic beverage emanating from his breath that intensified as he spoke. Ruth had very slowed/slurred speech, blood-shot glassy eyes and slowed reflexes/responses to all of my questions and even held onto my arm for balance while he was telling me what happened. I advised Ruth that I found him at fault for the crash and he would be receiving a citation for careless driving. I advised Ruth that the civil crash investigation had concluded and I was going to be changing hats and conducting a criminal DUI investigation based on the aforementioned events. I read Ruth his Miranda Warnings from a pre-printed card to which he stated he understood. Ruth admitted to just drinking a few beers at Ralphs (Local bar) and kept stating that he supported the police and knew I had to do my job.

SWORN AND SUBSCRIBED BEFORE ME		
<b>SEIER, BRADLEY</b>		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		<b>NOBLE, RILEY (1226)</b>
<b>12/11/2022</b>		NAME OF OFFICER (PLEASE PRINT)
DATE		<b>12/11/2022</b>
		DATE

PAGE  
1 OF 3

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTs Number		
Agency ORI Number	Agency Name	Agency Report Number
<b>FL 0501700</b>	<b>JUPITER POLICE DEPARTMENT</b>	<b>5 4 22-004697</b>
Charge Type: Check as many as apply.	Special Notes	
<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		

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
<b>RUTH, ARTHUR RANDOLPH</b>		<b>W</b>	<b>M</b>	<b>07/06/1942</b>

I first began with the Horizontal Gaze Nystagmus task. I instructed Ruth to stand with his feet touching (heel & toes) and to keep his arms down at his side to which he struggled to do. I demonstrated to Wilson that he would be following my stimulus (red light) with his eyes and his eyes only and to keep his head still at all times. Ruth stated he understood the instructions and was ready for me to continue. Ruth's eyes had no resting nystagmus in either eye and both eyes tracked together equally. I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. He did have vertical Nystagmus in both eyes. Multiple times throughout this task Ruth stopped following the stimulus with his eyes, did not keep his head still, and was noticeably swaying back and forth.

The second task was the Walk & Turn. I instructed/demonstrated Ruth to stand on the silver line of tape that I had laid across the flat ground with his left foot on the line with his right foot touching his left foot (heel to toe) with his arms at his side. He was unable to maintain the starting position and stepped off the line and used his arms for balance. Ruth also began to interrupt me and act like he knew how to complete the task and even attempted to start early. I instructed/demonstrated Ruth to take nine heel-to-toe steps down the line and take a series of small steps then return down the line heel-to-toe nine steps. He stated he did not have any questions and understood the directions and was told to begin when ready. Even though Ruth stated he understood the instructions and did not have any questions, he did not complete the task as instructed/demonstrated at all. Ruth missed heel-to-toe on every step, stepped off the line on nearly every step, almost fell over multiple times, made an improper turn, and made an incorrect number of steps.

The third task was the One Leg Stand. I instructed Ruth to stand with his feet touching (heel & toes) and to keep his arms down at his side, to which he struggled to keep his heels and toes touching without swaying around. I instructed/demonstrated to Ruth that he would be raising the leg of his choice approximately 6 inches off the ground while keep his foot parallel to the ground and counting out loud until I told him to stop. After demonstrating he stated he understood, however, stated because he was old he does not have good balance. Ruth attempted to raise his foot off the ground and almost fell over multiple time again. Ruth stated he wanted to continue to try after I re-explained the instructions multiple times, however, for his safety and him almost falling over multiple times, I moved onto the next task.

The fourth task was the Finger to Nose. I instructed Ruth to stand with his feet touching (heel & toes) and to keep his arms down at his side with his pointer fingers pointed outward. I instructed/demonstrated Ruth that I would be calling left (L) or right (R), when I do, with his head tilted back and eyes closed, he would take the tip of the finger I called and touch it to the tip of his nose and was shown the difference

SWORN AND SUBSCRIBED BEFORE ME	
<b>SEIER, BRADLEY</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>12/11/2022</b> DATE	<b>NOBLE, RILEY (1226)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>12/11/2022</b> DATE

OBTS Number	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   22-004697</b>			
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Name (Last, First, Middle) <b>RUTH, ARTHUR RANDOLPH</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/06/1942</b>
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between the tip/pad/nail. He stated he understood and did not have any questions. During this task, I attempted to call the fingers out in the standardized order of L, R, L, R, R, and L, however, Ruth did not tilt his head back or close his eyes, touched the pad of his finger to the bottom and side of his nose, and raised both fingers up to touch his nose back and forth while saying "left", right".



The fifth and final task was the Romberg Alphabet. I instructed Ruth to stand with his feet touching (heel & toes) and to keep his arms down at his side. He was instructed to tilt his head back and close his eyes while reciting the alphabet in a non-rhythmical manner. During this task, he correctly recited the alphabet to "T" then began to mumble very fast and stop. He also did not keep eyes closed or head fully-tilted back.

Based on my investigation, observations, and totality of circumstances, I had probable cause to believe that Arthur Ruth was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where his normal faculties were impaired, contrary to F.S 316.193. He was placed into handcuffs that were properly spaced and double-locked per department policy and placed into the rear of my patrol car at 2152 hours.

I then transported Ruth to the Jupiter Medical Center for clearance and subsequently to the Palm Beach County Breath Alcohol Testing center, arriving at 2331 hours. I placed Wilson under a 20 minute observation period, during which he neither consumed nor regurgitated anything. We then went on video with BAT technician Ragin #16877. I requested Ruth provide a breath sample to which he agreed and provided two breath samples of .161 & .167.

I placed Ruth in holding while all necessary paperwork was completed and subsequently booked him into the Palm Beach County Jail. He was given a criminal court date of 01/11/2023, 0830 hours.

The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.

SWORN AND SUBSCRIBED BEFORE ME  <div style="text-align: center;">   <b>SEIER, BRADLEY</b>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)   <b>12/11/2022</b>          DATE       </div>	<div style="text-align: center;">           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER   <b>NOBLE, RILEY (1226)</b>          NAME OF OFFICER (PLEASE PRINT)   <b>12/11/2022</b>          DATE       </div>
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SUBJECT: Ruth, Arthur R. CASE NUMBER: 22004047

## 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: \_\_\_\_\_

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

**SCANNED**  
**DEC 11 2022**

SUBJECT: Reah, Arthur R. CASE NUMBER: 22004697

# 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) \_\_\_\_\_

## 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**  
**DEC 11 2022**

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



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

PBSO CASE # 22-138213 PBSO ZONE 3-11

AGENCY CASE # 22004697 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2059 DATE 12/10/2022 DAY Saturday

SUBJECT'S NAME Ruth Arthur R RACE W SEX Male  
LAST FIRST MID

HGT 5'8 WGT 160 DOB 07/06/1942

LOCATION Center St/N ALT A1A, Jupiter FL 33477

ARRESTING OFFICER'S NAME & ID Noble 1226 AGENCY Jupiter PD

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 2331  
 ARREST TIME 2152

BREATH RESULTS:

- 1) .161
- 2) .167
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

**SCANNED**  
**DEC 11 2022**

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Ruth, Arthur R.      CASE NUMBER: 22-138213

DATE: Dec 10, 2022      VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:53      ENDING TIME: 00:04

BREATH TESTS RESULTS: 1) .161    TIME 23:57    A.M.  P.M.     2) .167    TIME 00:01    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: Calm, cooperative, fidgety

CLOTHING: Dark blue shorts, LS gray shirt, tan shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

## OTHER:

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

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:31 hrs.

Subject agreed to perform breath test.

A/O started to read rights.

Subject invoked the right to counsel.

Tech read breath test results.  
Subject stated he understood breath test results.

No Q&A conducted.

**SCANNED**  
DEC 11 2022

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 12/11/2022

Date of Last Agency Inspection: 11/18/2022  
Observation Period Began: 23:31  
Subject's Name: ARTHUR R RUTH

DOB: 07/06/1942 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:55
	Air Blank	0.000	23:56
	Control Test	0.080	23:56
	Air Blank	0.000	23:57
	Subject Sample #1	0.151	23:57
	Air Blank	0.000	23:58
	Air Blank	0.000	00:00
	Subject Sample #2	0.167	00:01
	Air Blank	0.000	00:02
	Control Test	0.079	00:02
	Air Blank	0.000	00:02
	Diagnostics Check	OK	00:02

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 12/11/22  
Signature

Sworn to (or affirmed) before me this 11 day of Dec., 2022  
[Signature] Ofc. R. Noble #1226  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

**SCANNED  
DEC 11 2022**

# WITNESS LIST

CASE NUMBER: 22004697

ARRESTING OFFICER: Noble

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Zachery McConnell

ADDRESS: 13883 152ND RD N JUPITER FL 33478

PHONE NUMBERS (HOME) 561-339-9549 (WORK) \_\_\_\_\_

CAN TESTIFY TO: driver of victim vehicle/wheel witness

NAME: Maria Tabares

ADDRESS 3161 LAUREL RIDGE CIR RIVIERA BEACH FL 33404

PHONE NUMBERS (HOME) 561-592-8567 (WORK) \_\_\_\_\_

CAN TESTIFY TO: passenger of victim vehicle

NAME: Officer Raleigh

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: back-up officer on-scene

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: \_\_\_\_\_

**SCANNED**  
**DEC 11 2022**



# 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022031947	Date: 12/11/2022
	Specialist Name/ID: M. Tooks #8557

SCANNED  
DEC 11 2022