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**ARREST / NOTICE TO APPEAR**

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

Agency ORI Number: **0500700** Agency Name: **Riviera Beach Police Department** Agency Report Number (N.T.A.'s only): **8 | 4 | 23-06011**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  6. Other  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other  
 If Weapon Seized: **UNARMED** Multiple Clearance Indicator: **1**

Location of Arrest (including Name of Business): **2419 N OCEAN AVE** Location of Offense (Business Name, Address): **2419 N OCEAN AVE, RIVIERA BEACH, FL 33404**

Date of Arrest: **08/15/2023** Time of Arrest: **01:05** Booking Date: **08/15/2023** Booking Time: **01:15** Jail Date: **08/15/2023** Jail Time: **03:09** Location of Vehicle:

Name (Last, First, Middle): **MCCOY, BETH MICHELLE** Alias: \_\_\_\_\_  
 Race: **W - White** Sex: **F** Date of Birth: **05/01/1981** Height: **5'06N** Weight: **135** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **MEDIUM**

Local Address (Street, Apt. Number): **147 RANGER LN, RIVIERA BEACH, WV 00002-8574** Phone: **(304) 993-5515**  
 Permanent Address (Street, Apt. Number): **147 RANGER LN, RIVIERA BEACH, WV 00002-8574** Phone: **(304) 993-5515**  
 Business Address (Name, Street): \_\_\_\_\_ Phone: \_\_\_\_\_

D/L Number, State: **E913177 / WV** Soc. Sec. Number: \_\_\_\_\_ DNS Number: \_\_\_\_\_ Place of Birth (City, State): **CHARLESTON, WV** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Other: \_\_\_\_\_ Name (Last, First, Middle): \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
 Legal Custodian: \_\_\_\_\_ Address (Street, Apt. Number): \_\_\_\_\_ (City): **COOL** (State): \_\_\_\_\_ (Zip): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Notified by (Name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ JUVENILE DISPOSITION:  1. Arrested  3. Felony  5. Juvenile  
 2. At Large  4. Misdemeanor  
 Released To (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  1. Handled/Processed within Department and Released  2. TOT JAC  3. Incarcerated

The above address was provided by  defendant and/or  defendant's parents. School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
 The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. Property Crime?  Yes  No Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Drug Activity: **S. Sell** **R. Scuffle** **K. Disperse/Distribute** **M. Manufacture/Produce/Cultivate** **Z. Other**  
 N. N/A B. Buy D. Deliver E. Use  
 P. Possess T. Traffic

Drug Type: **N. N/A** **C. Cocaine** **A. Amphetamine** **B. Barbiturate** **E. Heroin** **H. Hallucinogen** **O. Opiate/Opium** **P. Paraphernalia/Equipment** **S. Synthetic** **U. Unknown** **Z. Other**

Charge Description: **DISORDERLY CONDUCT - DISORDERLY INTOXICATION** State Violation Number: **856.011** Violation of ORD #: \_\_\_\_\_  
 Drug Activity: **N** Drug Type: **N** Amount / Unit: \_\_\_\_\_ Offense #: **23-06011** Counts: **1** Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ State Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_  
 Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ State Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_  
 Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Health / Apparent Physical Condition of Defendant: \_\_\_\_\_ Any knowledge of the following:  Mental  Escape Risk  Medication  Deformities  Injuries Explain: \_\_\_\_\_

Check which applies:  Released O.R.  Released to Parent/Guardian  TOT County Jail  Perished Bond  South County Mental Health

Transported By: \_\_\_\_\_ Date Transported: \_\_\_\_\_ Time Transported: \_\_\_\_\_ Other: \_\_\_\_\_

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): **North County PALM BEACH GARD**  
 Court Date and Time: **09/26/2023 13:30:00**

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: **CAJUSTE, A. N.** Name Verification (Printed by Arrestee): \_\_\_\_\_  
 Dangerous  Resisted Arrest  Suicidal  Other I.D. #: **6545** (PRINT): \_\_\_\_\_

Inmate Designation: **WV-01lea 6700** I.D. #: \_\_\_\_\_ Pouch #: \_\_\_\_\_ Transporting Officer: **CAJUSTE** I.D. #: **6545** Agency: **RBPB** PAGE: **1 OF 1**  
 Witness here if subject signed with an "X": \_\_\_\_\_

FILED PHOTO AVAILABLE 23 AUG 15 AM 7:45

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

OBTS Number		Agency ORI Number <b>FL FL0500700</b>		Agency Name <b>Riviera Beach Police Department</b>		Agency Report Number <b>8   4   23-06011</b>	
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		Name (Last, First, Middle) <b>MCCOY, BETH MICHELLE</b>		Alias	Race <b>U</b>	Sex <b>F</b>	Date of Birth <b>05/01/1981</b>
Charge Description <b>856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION</b>		Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Race	Sex	Date of Birth			
Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____		Phone _____		Address Source _____			
Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____		Phone _____		Occupation _____			
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ 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.</p> <p>On the <u>15</u> day of <u>August</u>, <u>2023</u> at <u>00:44</u> (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred in the City of Riviera Beach, Palm Beach County, in the State of Florida. I utilized my body-worn camera (B.W.C.).</p> <p>On August 15, 2023, at approximately 0001 hours, I was dispatched to 2419 N Ocean Ave. (Castaways Bar and Grill) in reference to a drunk pedestrian.</p> <p>Upon my arrival, I was flagged down by the manager, who stated the following: A white female, later identified as McCoy, Beth (DOB 5/1/81), was in and out of the restaurant. McCoy was unable to answer any questions from the waiting staff and became concern and called police for assistance.</p> <p>I then made contact with McCoy, who was emitting the odor of an alcoholic beverage. During my investigation, McCoy was not answering my question, such as: What is your name, who are you expecting, and where are you from, where are you now? I observed McCoy unable to stand still, and she was assisted to sit down. McCoy became very uncooperative and began stumbling away from Ofc-Smith and myself. I noticed McCoy was unable to complete sentences when prompted to answer questions. I asked McCoy to remain in the seat multiple times.</p> <p>McCoy became irate and pulled away in an aggressive manner. McCoy refused to comply with lawful commands, using profanity, causing the restaurant staff to stop and watch. McCoy was placed under arrest for one (1) count of Disorderly Intoxication F.S.S. 856.011. McCoy was transported to the Riviera Beach Police Department, where she was processed and transported to Palm Beach County Jail.</p>							
A D M I N I S T R A T I V E		SWORN AND SUBSCRIBED BEFORE ME		BYRD, RUSSELL K		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
		NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 111.10)		08/15/2023		DATE	
				08/15/2023		DATE	
				PAGE		1 OF 1	



**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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(b)	Other: Driver information contained in a uniform traffic citation	

**REVIEW COMPLETED BY**

Booking Number: 2023021242	Date: 8/15/2023
	Specialist Name/ID: M. Tooks #8557