

0330087

25CT15865 ARB

2950

ADMINISTRATION	OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N																																
	Agency ORI Number <b>FL 0500300</b>			Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-25-073458</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		Multiple Clearance Indicator																																		
DEFENDANT	Location of Arrest (Including Name of Business) <b>500 W Boynton Beach Blvd, Boynton Beach, FL, 33435</b>						Location of Offense (Business Name, Address) <b>500 W Boynton Beach Blvd, Boynton Beach, FL, 33435</b>																																				
	Date of Arrest <b>10/03/2025</b>	Time of Arrest <b>18:31</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>TOWED</b>																																				
	Name (Last, First, Middle) <b>RUCCO, BETHANY ANN</b>																																										
CO-DEF	Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build																																	
	W - White B - Black	I - American Indian O - Oriental / Asian	W	F	04/15/1964	5'3	130	Green	Dark Red	Fair	Medium																																
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>SINGLE</b>	Religion <b>UNKN</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																		
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>5048 LANTANA RD APT 5201, LAKE WORTH, FL 33463</b>				Phone <b>(561)692-8792</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State				1																																
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone ( ) - ( )		Address Source <b>DL</b>																																				
Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone ( ) - ( )		Occupation <b>Unemployed</b>																																					
JUVENILE	D/L Number, State <b>R448185060000 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Providence, RI</b>		Citizenship <b>YES</b>																																		
	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																																				
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	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone																																		
	<input type="checkbox"/> Other		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Notified by: (Name) (Date) (Time)		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated																																		
	Released To: (Name) Relationship		Date		Time																																						
CHARGE	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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade																																		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property																																				
CHARGE	<table border="0"> <tr> <td>Drug Activity</td> <td>S. Sell</td> <td>R. Smuggle</td> <td>K. Dispense/Distribute</td> <td>M. Manufacture/Produce/Cultivate</td> <td>Z. Other</td> <td>Drug Type</td> <td>B. Barbituate</td> <td>H. Hallucinogen</td> <td>P. Paraphernalia/Equipment</td> <td>U. Unknown</td> </tr> <tr> <td>N. N/A</td> <td>B. Buy</td> <td>D. Deliver</td> <td></td> <td></td> <td>N. N/A</td> <td>C. Cocaine</td> <td>M. Marijuana</td> <td></td> <td>Z. Other</td> </tr> <tr> <td>P. Possess</td> <td>T. Traffic</td> <td>E. Use</td> <td></td> <td></td> <td></td> <td>A. Amphetamine</td> <td>O. Opium/Deriv.</td> <td>S. Synthetic</td> <td></td> <td></td> </tr> </table>											Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	N. N/A	B. Buy	D. Deliver			N. N/A	C. Cocaine	M. Marijuana		Z. Other	P. Possess	T. Traffic	E. Use				A. Amphetamine	O. Opium/Deriv.	S. Synthetic		
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	Charge Description <b>DUI CRASH W/ PROP DAMAGE</b>		Counts	Domestic Violence	Statute Violation Number		Violation of ORD#																																				
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond																																					
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NOTICE TO APPEAR	<input 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 instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>																																								
			Court Date and Time Month <b>NOVEMBER</b> Day <b>3RD</b> Year <b>2025</b> Time <b>08:30</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/Justodian)						Date Signed																																					
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)																																				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>ALEXIS</b>			I.D. # <b>1105</b>		BU#																																		
	Intake Deputy <b>JUNN 3617</b>		Pouch # <b>2950</b>	Transporting Officer <b>ALEXIS</b>		I.D. # <b>1105</b>	Agency <b>BBPD</b>		Witness here is subject Signed with an "X".																																		
Page <b>1 OF 1</b>																																											

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 3 DAY OF October 2025 AT 17:52  A.M  P.M.

CASE #: 25-073458

DEFENDANT: RUCCO, BETHANY ANN

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On the above date and time, I responded to the 500 Block of W Boynton Beach Blvd, Boynton Beach, Palm Beach County, FL, 33435 regarding a motor vehicle Crash. One of the callers advised that the female driver at fault for the crash was possibly impaired and appeared to be falling asleep behind the wheel.

On arrival, contact was made with the first vehicle, Silver GMC Sedan bearing FL tag VY1US, driven by GLENDA COPELAND WRIGHT. Glenda stated that she was in traffic in the area of Boynton Beach Blvd and Seacrest Blvd when a Black Infiniti sedan bearing FL tag 79ATCH, driven by a white female, slowly backed up into her vehicle's front bumper. Glenda stated that the vehicle/driver left the scene without providing her information. Glenda stated that she followed the vehicle to the 500 Block of Boynton Beach Blvd when she witnessed the same Black Infinity rear-end a black Mercedes sedan, which was stopped in traffic. Glenda stated she believed the driver was impaired. Glenda elected not to file a crash report for her vehicle, as it had not sustained any damage.

I then spoke with the driver of the second vehicle involved, Black Mercedes sedan bearing FL Tag PWGC5, driven by JESSICA AI RONG XIONG. Jessica stated that she was sitting in traffic in the area when the Black Infinity rear-ended her vehicle. Jessica stated the impact was at an extremely slow speed, and she had no injury; her vehicle sustained a minor scratch and no significant damage. Jessica stated that she spoke to the female driver who exited her vehicle and believed that the female driver was under the influence of an unknown substance.

I then approached the driver of the Infinity, identified as BETHANY ANN RUCCO, who was still in the driver's seat of her vehicle. I immediately noticed Bethany's pinpoint-like/ constricted pupils, a flushed face, and a white, powdery residue under her nostrils. Bethany was slow to react, moving slowly and becoming incoherent at times. Bethany provided a statement regarding the crash, stating that she backed into the Silver GMC, kept going, and rear-ended the black Mercedes.

I informed Bethany that I had concluded the crash investigation and that I was conducting a DUI investigation based on suspicions that she was under the influence of a chemical or controlled substance. Bethany was then asked to exit the vehicle when I noticed she could not maintain her balance and had to use her vehicle for support. I had officers standing on each side for her safety. Bethany stated she was not injured and did not need any medical assistance; however, she suffered from a preexisting degenerative disk disease in her lower back. Bethany stated she was on medication for depression and did not have any alcoholic beverages. Bethany was asked and said that, approximately 3 hours before the crash, she was home when a friend gave her an unknown pill-like substance, which she believed was XANAX. When asked about the white powdered residue under her nose, Bethany said that she had swallowed it; however, she kept sneezing, which caused the white substance to appear under her nose. Based on my observation, it appeared that Bethany had recently snorted an unknown white powdery substance. Bethany then said that she would be willing to perform the Standardized Field Sobriety Exercise.

Due to the stop being on a part of the road with a slight elevation, I asked Bethany if she would be willing to relocate to a more level surface, and she elected to remain in the area of the crash. The surface, however, was flat, and I utilized the yellow roadway markings for the walk and turn. Clear instructions were provided and demonstrated when necessary to Bethany, who stated she understood.

SFST.

HGN:

Lack of Convergence was also present

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly                 | <input checked="" type="checkbox"/> Right eye does not follow smoothly                 |
| <input type="checkbox"/> Left eye prior to 45 degrees                                 | <input type="checkbox"/> Right eye prior to 45 degrees                                 |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                               | <input type="checkbox"/> Vertical Nystagmus in right eye                               |

**WALK AND TURN:**

Bethany could not remain on the line and started the exercise too soon during the instruction phase.

During the performance phase, Bethany;

- missed heel to toe
- stepped off the line
- used her arms for balance

- stopped to regain footing while walking
- too many more than nine steps
- improper turn
- and took more than 9 steps a second time

**ONE LEG STAND:**

During the performance phase, Bethany;

- used her arms for balance
- put her foot down several times
- stopped the exercise approximately 10 seconds into it.

**FINGER TO NOSE:**

- Did not touch the tip of her nose on the first call
- Did not return arms to side
- Open eyes during the exercise

**ROMBERG/ALPHABET:**

Bethany estimate 29 seconds; however, she was swaying the exercise.

Based on the above facts, Bethany was arrested for driving under the influence of a chemical or control substance.

During inventory of the vehicle, officers located a wrapped plastic baggies with (12), blue, labeled “K-9” pills, and the empty pill bottle, labeled “Morphine” inside the vehicle. The blue pills, according to drugs.com are suspected “Oxycodone”. Post Miranda warning, Bethany stated that the blue pills were hers, however they were prescribed to her. The pills were not in a clearly labeled prescription bottle; they were collected and submitted as evidence.

Bethany was then transported to the Palm Beach County BAT, where I conducted a 20-minute observation from 19:02 hours.

I then asked Bethany to provided a lawful breath test and she agreed. Bethany provided two breath sampled of .000 and .000.

I then asked Bethany to provided a lawful Urine sample based on my suspicion that she was under the influence of a chemical or controlled substance and she agreed.


Bethany provided a urine sample at 19:45 hours, which was collected using an FDLE approved urine collection KIT. The Kit was immediately sealed and labeled, and was later submitted in Boynton Beach PD evidence locker.

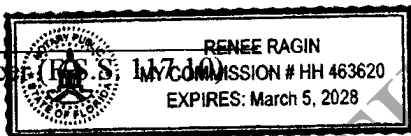
At 19:45 hours, I also contact a state certified DRE after Bethany agreed to a DRE evaluation. Palm Beach County investigator/ DRE Ward responded and conducted his evaluation. See evaluation result for further.

BETHANY ANN RUCCO was charged with DUI crash w/ prop damage according to FSS 316.193.3.C.1. She was medically cleared and booked at the Palm Beach County Jail.

The following instrument was sworn to before me this 3 day of October 2025

By: Alexis

  
Notary/Police Officer



 1105  
Signature of Arresting Officer

CASE #: 25-073458

DEFENDANT: RUCCO, BETHANY ANN

Arresting Officer: V. Alexis  
Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426  
Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: JESSICA AI RONG XIONG  
Address: 2341 SE 10TH CT, POMPANO BEACH, FL, 33062  
Phone Numbers: Home: 954-802-2320 Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: GLENDA COPELAND WRIGHT  
Address: 1990 NE 1ST LN, BOYNTON BEACH, FL, 33435  
Phone Numbers: Home: 561-441-9996 Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

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Name: \_\_\_\_\_  
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Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_



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

PBSO CASE # 25-102769 PBSO ZONE 6-32

AGENCY CASE # 25-073458 CRASH CASE # 25-073458

TIME OF STOP/CRASH 17:52 DATE 10/03/2025 DAY Friday

SUBJECT'S NAME RUCCO BETHANY ANN  
LAST FIRST MID

DOB 04/15/1964 HGT 5'3 WGT 130 RACE W SEX F

LOCATION 500 W Boynton Beach Blvd BOYNTON BEACH, FL, 33435

ARRESTING OFFICER'S NAME & ID V. ALEXIS 1105 BOYNTON BEACH PD  
AGENCY

NOTIFIED BY COMMO YES

**BREATH RESULTS:**

ARRIVAL AT FACILITY 19:02

- 1) .000
- 2) .000
- 3) Urine
- 4)

ARREST TIME 18:31

Renee Ragin #16877  
BAT TECH. OFFICER NAME & ID

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH COUNTY SO  
Instrument Serial Number: 80-006029 Software: 8100.27  
Date of Test: 10/03/2025

Date of Last Agency Inspection: 09/12/2025  
Observation Period Began: 19:02  
Subject's Name: BETHANY A RUCCO

DOB: 04/15/1964 Sex: F

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	19:31
	Air Blank	0.000	19:32
	Control Test	0.080	19:32
	Air Blank	0.000	19:32
	Subject Sample #1	0.000	19:33
	Air Blank	0.000	19:34
	Air Blank	0.000	19:36
	Subject Sample #2	0.000	19:36
	Air Blank	0.000	19:37
	Control Test	0.081	19:37
	Air Blank	0.000	19:38
	Diagnostics Check	OK	19:38

Cylinder Lot: 32324080A2  
Exp: 12/05/2026

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 RENÉE 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: \_\_\_\_\_ Date: 10-03-25  
Signature

Sworn to (or affirmed) before me this 03 day of Oct., 2025  
Ofc. V. Alexis #1105  
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.

# TESTING FACILITY TASK REPORT

AGENCY:   
SUBJECT:  CASE NUMBER:   
DATE:  VIDEO DVD NUMBER:   
BEGINNING TIME:  ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

### OTHER:

Eyes are glassy

### COMMENTS:

Arrived at center A/O started 20 minute observation period at 19:02 hrs.  
Subject agreed to take test.

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

A/O requested to provide urine at 19:39 hrs..  
Subject agreed to provide urine.

A/O read I/C.  
Subject stated she understood I/C.

A/O read rights on scene.  
Subject stated she understood rights.

A/O conducted Q&A.  
Subject answer questions. Urine provide @ 19:50

PALM BEACH COUNTY

SHERIFF RIGL BRADSHAW



**DUI Breath Implied Consent**

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: Reyno, Anthony H. CASE NO: 25-173

DATE OF ARREST: 10-0-25 TIME OF ARREST: 1:01

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES  NO

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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  NO

Do you still refuse to submit to this test? YES  NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES  NO

Do you still refuse to submit to this test? YES  NO

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Location read: BHT

LAW ENFORCEMENT OFFICER NAME (printed): Off. Y. Hixis ID: 1105

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

**PALM BEACH COUNTY  
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



**DUI Breath Implied Consent**

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"**

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)**

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Location read: \_\_\_\_\_

LAW ENFORCEMENT OFFICER NAME (printed): \_\_\_\_\_ ID: \_\_\_\_\_

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

PALM BEACH COUNTY

SHERIFF RIC L. BRADSHAW



### DUI Urine Implied Consent

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

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.

Will you take the test? YES  NO

**NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"**

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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  NO

Do you still refuse to submit to this test? YES  NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)**

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES  NO

Do you still refuse to submit to this test? YES  NO

Date read: 10/2/12 Time read: 11:41 Location read: 6111

LAW ENFORCEMENT OFFICER NAME (printed): \_\_\_\_\_ ID: \_\_\_\_\_

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

WHITE: STATE ATTY.

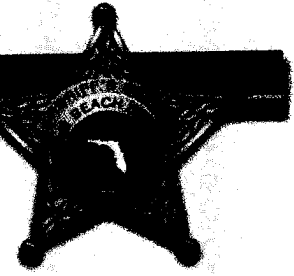
YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

**PALM BEACH COUNTY  
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



**DUI Urine Implied Consent**

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

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.

Will you take the test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"**

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)**

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

Date read: 1/1/11 Time read: 1:11 Location read: 6117

LAW ENFORCEMENT OFFICER NAME (printed): \_\_\_\_\_ ID: \_\_\_\_\_

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

SUBJECT: Rucco, Bethany H. CASE NUMBER: 25-073

## 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? Y

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

SUBJECT: Archie, S. M. H. H. CASE NUMBER: 23

# 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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	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)	
	<input type="checkbox"/>	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	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	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	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>	119.071 (2)(l)	The Victim's address in a Domestic Violence action on petitioner's request.	
	<input type="checkbox"/>	119.071 (3)(A), 119.071 (3)(B)(1-3C)	Security at the Jail..(Security of locations Housed at the jail).	

**REVIEW COMPLETED BY**

Booking Number: 2025026620	Date: 10/4/2025
	Specialist Name/ID#: MTooks #8557