0548375 24CF2942MB

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	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 4 24-001387

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [X] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator: 3

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
2999 MILITARY TRL JUPITER, FL 33458	2999 MILITARY TRL/INDIAN CREEK PKWY, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/06/2024	21:26	04/06/2024	21:36			

DEFENDANT

Name (Last, First, Middle): RUPP, RYAN ANTHONY — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	01/12/1995	5'07	155	HAZEL	BLONDE /	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S — Religion: NONE — Indication of: Alcohol Influence [X] Yes [ ] No [ ] Unk. [ ] Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State
117 REINA WAY 1-309, JUPITER, FL 33458				(772) 631-4959	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
117 REINA WAY 1-309, JUPITER, FL 33458				(772) 631-4959	

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R100721950120 / FL	[redacted]		STUART, FL	US

CO-DEF

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.
[ ] Yes, by: [ ] No:

School Attended — Grade

Property Crime? [ ] Yes [X] 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 (1)

Charge Description	Statute Violation Number	Violation of ORD #
DRUGS - POSSESSION OF COCAINE	893.13(6)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	1.48 GM/		1	[ ] Y [X] N		

CHARGE (2)

Charge Description	Statute Violation Number	Violation of ORD #
DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA) THC OIL	893.13(6)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	1 GM /		1	[ ] Y [X] N		

CHARGE (3)

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BREATH .08 OR ABOVE	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	[ ] Y [X] N		

INTAKE

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 [ ] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health

PROPERTY - Received By	Released By	Released To
		FILED PBC - GUN CLUB '24 APR 7 AM 7:17

Transported By	Date Transported	Time Transported	Other
	/ /	: :	

NOTICE TO APPEAR

[X] 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): To Be Assigned By
Court Date and Time:

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other	1185	APR 7 AM 1:37 (PRINT)

Issued Deputy	I.D.	Pouch #	Transporting Officer	I.D. #	Agency	Name of Arresting Officer (Print)	I.D. #	Witness here if subject signed with an "X".	PAGE
			OFC. C. YOCHUM	1185	JPD	YOCHUM, CRAIG	1185		1 OF 1

COURT | STATE ATTORNEY | AGENCY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | TRAFFIC | DEFENDANT

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		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 FL0501700	JUPITER POLICE DEPARTMENT	5 | 4 24-001387

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUPP, RYAN ANTHONY		W	M	01/12/1995

CHARGES

Charge Description	Charge Description
893.13 DRUGS - POSSESSION OF COCAINE	893.13(1)(A) DRUGS - POSSESSION OF CONTROLLED SUBS
Charge Description	Charge Description
316.193(1)(C) DUI - BREATH .08 OR ABOVE	

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 resonable 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 6 day of April, 2024 at 21:26 (Specifically include facts constituting cause for arrest.)

On 04/06/2024 at approximately 2104 hours, I was conducting patrols in the area of C.R. 809 (Military Trl.) and Dakota Dr. in the Town of Jupiter, Palm Beach County, Florida. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1911), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.

I was stopped (facing north) in the median break on C.R. 809, just south of the intersection with Dakota Dr. I observed a gray Toyota Tacoma bearing FL tag # GUQF44 traveling northbound in the inside lane of C.R. 809, approaching me from the rear, with only the amber running lights activated on the front of the vehicle. Neither headlight was activated on the Tacoma and it was dark at the time.

I conducted a traffic stop on the vehicle and observed nothing suspicious about the vehicle while I was behind it nor during the stopping sequence. The vehicle stopped (facing north) in the inside left turn lane just north of Indian Creek Pkwy.

I approached the vehicle on the driver side and made contact with the driver and sole occupant of the vehicle who I identified to be Ryan Rupp (w/m; 01/12/1995; FL DL # R-100-721-95-012-0) by his valid Class E Florida driver license. I advised Rupp of the reason for the traffic stop and he reached forward and activated the headlights from the left turn signal stock. I requested Rupp provide me with his driver license, registration, and insurance information. Rupp provided me with his driver license from a bi-fold black wallet and forgot to produce the other two documents until I asked. Rupp then searched for the other requested documentation, provided his registration, and again forgot to resume his search for the insurance card until I asked him.

Rupp advised he had Allstate as an insurer, then advised it was Progressive. Rupp ultimately provided me with an expired (expiration 2020) Allstate insurance card and was

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

04/07/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

04/07/2024
DATE

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

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: FL FL0501700	Agency Name: JUPITER POLICE DEPARTMENT	Agency Report Number: 5 | 4 | 24-001387		
	Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:		

DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	RUPP, RYAN ANTHONY		W	M	01/12/1995

PROBABLE CAUSE STATEMENT

unable to produce any valid insurance documentation.

During my contact with Rupp, I observed his eyes appeared glassy and slightly bloodshot. Rupp`s eyelids appeared to be droopy and took longer than normal to completely open when he blinked. Additionally, as Rupp spoke, I could smell the odor of an unknown alcoholic beverage on his breath which intensified as he was speaking to me. Rupp advised several times that he was almost home and that he lived right up the street. Rupp admitted to drinking earlier in the evening and estimated his level of impairment on a scale of one (being sober) to ten (being sick) at a "three". Rupp advised he did not feel as though he was under the influence.

Based upon my observations, I requested Rupp exit the vehicle. Rupp initially inquired as to why I was asking him to step out but ultimately complied. I advised Rupp I was concerned he was driving under the influence and requested he perform Standardized Field Sobriety Tasks (SFSTs). Rupp agreed. Rupp stated he did not have any medical conditions and that he took one prescription medication for acid reflux. Rupp stated he did not have any issues with his eyes and that he did not wear glasses or contacts.

I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert (IACP # 32395) and I conducted this task in accordance with my training. I observed Rupp`s pupils were of equal approximate size, he did not display resting nystagmus, and equal tracking was present. I observed Lack of Smooth Pursuit and Distinct and Sustained Nystagmus at Maximum Deviation in both Rupp`s eyes. I did not observe the Onset of Nystagmus Prior to 45 Degrees or Vertical Gaze Nystagmus in either eye. Throughout the task, Rupp did not keep his head still and I had to remind him.

I next conducted the Walk and Turn. During the Instructions Stage, Rupp lost his balance and broke his feet from the starting position once. Rupp asked if he could stand while using his arms to balance and I advised he could not and needed to stay in the starting position. Rupp advised he understood all the instructions. When told to begin, Rupp missed heel-to-toe on steps 2 through 9 (leaving gaps of between approximately one-half inch to approximately two and one-half inches). Rupp took a total of 9 steps before turning. Rupp turned improperly by taking one large step with his trailing foot. After turning, Rupp paused briefly before returning to walk back down the line. On the return walk, Rupp missed heel-to-toe on every step. Rupp took a total of 9 steps back down the line.

I then conducted the One Leg Stand. Rupp elected to raise his right leg off the ground, standing planted on his left. When told to begin, Rupp counted improperly (counting "1, 2, 3…" and so on) and swayed from side to side almost immediately. Rupp swayed again on his count of "12" and "15". Rupp counted to 25 before the end of the timed 30 second period.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

04/07/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

04/07/2024
DATE

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

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 FL0501700	JUPITER POLICE DEPARTMENT	5 4 24-001387

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUPP, RYAN ANTHONY		W	M	01/12/1995

PROBABLE CAUSE STATEMENT

Before the Finger to Nose, Rupp demonstrated knowledge of his left and right hands. When told to begin, Rupp appropriately tilted his head back and closed his eyes. The cadence for this task was: Left, Right, Left, Right, Right, Left. On the first call of left, Rupp touched the tip of his left index finger to his upper lip just under his left nostril and failed to return his arm to his side until I reminded him. On the first call of right, Rupp appropriately touched finger-to-nose. On the second call of left, Rupp touched the tip of his left index finger to the outside of his left nostril. On the second call of right, Rupp opened his eyes briefly and touched the pad of his right index finger to the tip of his nose. On the final call of right, Rupp touched the pad of his right index finger to the tip of his nose. On the final call of left, Rupp touched the pad of his left index finger to the tip of his nose.

Rupp advised he had a college education and that he was comfortable with the alphabet from A to Z. When told to begin, Rupp appropriately tilted his head back and closed his eyes. Rupp recited the alphabet up until the letter W, then stated "I...S...T..." and opened his eyes, apparently completed with the task.

Based upon the totality of the circumstances and Rupp`s performance on SFSTs, I placed Rupp under arrest for DUI. I began an inventory search of Rupp`s vehicle and located Rupp`s black bi-fold wallet on the driver seat. Inside the wallet, I located a Medical Marijuana ID card belonging to Rupp (Patient ID # P5RR9456). I also located multiple credit/debit cards in the wallet belonging to Rupp. Additionally, this wallet was the same wallet Rupp retrieved his driver license from when I initially requested it from him. Inside the center fold of the wallet, I located a small Polaroid photograph of a female and two small baggies containing a white powder resembling (from my training and experience) powder cocaine. I later field tested the substance at the Jupiter Police Department and the substance field tested positive for cocaine and determined the pre-packaged weight of the cocaine to be 1.48 grams.

I additionally located a Trulieve (Medical Marijuana) Sativa TruPOD inside the original dispensary packaging with a prescription label for an individual named "Alexander Patapis" and prescription date of 12/19/2022 affixed to the packaging. Inside the box, I observed a rectangular vaporizer cartridge with a dark amber-colored liquid filling the reservoir that I recognized through my training and experience to be a highly-concentrated form of THC oil. I located this item in the center console of Rupp`s vehicle. I was unable to verify the Certificate of Analysis via the QR code on the packaging however, the packaging contained a warning label with "!THC" written within a red diamond and identified the contents of the TruPOD to contain a THC content of 84.760% (921.570mg) and CBD content of 0.480% (5.220mg). Although Rupp possesses a prescription Medical Marijuana card, he was unlawfully in constructive possession of another individual`s prescription marijuana.

I read Rupp his Miranda Warnings and confirmed he understood each one. I then proceeded

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

04/07/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

04/07/2024
DATE

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

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 FL0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 24-001387

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUPP, RYAN ANTHONY		W	M	01/12/1995

PROBABLE CAUSE STATEMENT

to interrogate Rupp as he sat in the rear seat of my patrol vehicle. Rupp admitted to drinking earlier in the day and stated he was coming from his girlfriend`s residence off of Clematis St. in West Palm Beach. Rupp advised the Polaroid photographs in his wallet were of his girlfriend but stated he did not know what the baggies containing the white powder substance were. Rupp went on to advise that his wallet was in his girlfriend`s purse and that his girlfriend used cocaine. Rupp stated the baggies looked like cocaine, to him. Additionally, Rupp advised he was friends with Patapis and that the prescription belonged to Patapis.

I transported Rupp to the Jupiter Police Department where the Palm Beach County Sheriff`s Office Mobile Breath Alcohol Testing Facility was standing by. I arrived and began a 20-minute observation period to ensure Rupp did not ingest or regurgitate anything while he was seated in the rear passenger seat of my patrol vehicle. I monitored Rupp with the camera above the prisoner compartment of my patrol vehicle. When the 20-minute observation period was complete, I requested Rupp provide a lawful sample of his breath for the purpose of determining the alcohol content. Rupp agreed and provided two, adequate breath samples of .135 and .129, both exceeding the legal, per se limit of .08.

Based upon the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Ryan Rupp with DUI - Breath .08 or above pursuant to FSS 316.193(1)(c) and Possession of a Controlled Substance (cocaine) pursuant to FSS 893.13(6)(a) and Possession of a Controlled Substance (THC oil) pursuant to FSS 893.13(6)(a).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

04/07/2024
DATE

1185
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

04/07/2024
DATE

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

WITNESS LIST

CASE NUMBER: 24-001387

ARRESTING OFFICER: Craig Yochum

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006027 Software: 8100.27
Date of Test: 04/06/2024

Date of Last Agency Inspection: 03/08/2024
Observation Period Began: 21:57
Subject's Name: RYAN A RUPP DOB: 01/12/1995 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	22:24
Air Blank	0.000	22:24
Control Test	0.078	22:25
Air Blank	0.000	22:25
Subject Sample #1	0.135	22:26
Air Blank	0.000	22:26
Air Blank	0.000	22:28
Subject Sample #2	0.129	22:29
Air Blank	0.000	22:29
Control Test	0.078	22:30
Air Blank	0.000	22:30
Diagnostics Check	OK	22:30

Cylinder Lot: 15922080A3
Exp: 08/05/2024

State of Florida, County of Palm Beach.

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

I JOSHUA J BELL, 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: 04/06/24
Signature

Sworn to (or affirmed) before me this 06 day of April, 2024

_____ Ofc. C. Yochum #1185
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

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

PBSO CASE # 24-050679 PBSO ZONE 3-14

AGENCY CASE # 24-001387 CRASH CASE # _____

TIME OF STOP/CRASH 2104 DATE 04/06/2024 DAY Saturday

SUBJECT'S NAME Rupp (LAST) Ryan (FIRST) A (MID) RACE W SEX M

HGT 507 WGT 155 DOB 01/12/1995

LOCATION Military Trl./Indian Creek Pkwy. Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Craig Yochum # 1185 AGENCY Jupiter PD

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2157

ARREST TIME 2126

BREATH RESULTS:

1) .135
2) .129
3) —
4) —

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # _____

NOT A CERTIFIED COPY

SUBJECT:_____ 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)_____

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)_____

NOT A CERTIFIED COPY

SUBJECT: [illegible] CASE NUMBER: 21-001387

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible]

DIRECTION OF TRAVEL? [illegible] WHERE DID YOU START? [illegible]

WHAT TIME DID YOU START? 7:15-8 PM WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? Aug 6 WHAT DAY OF THE WEEK IS IT? Sat

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? 155-165 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka/[illegible]

HOW MUCH? 3.5 or 4 WHERE? Home WITH WHOM? GF + friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 PM AND YOUR LAST DRINK? [illegible]

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? [illegible]

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No/A little ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? — HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? [illegible]

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? [illegible] WHAT? [illegible]

ARE YOU SICK OR INJURED? [illegible] WHAT'S WRONG? [illegible]

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? 5PM

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? [illegible] WHY? [illegible]

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? [illegible] WHEN? [illegible]

DO YOU HAVE:

EPILEPSY?	No
GLASS EYE?	No
FALSE TEETH?	No
EAR INFECTION?	No
INNER EAR TROUBLE?	No
DIABETES?	No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? [illegible]

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? [illegible]

INTERVIEWER: [illegible]

NOT A CERTIFIED COPY

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

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: RUPP, RYAN ANTHONY

CASE NUMBER: 24-050679

DATE: Apr 6, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2221

ENDING TIME: 2240

BREATH TESTS RESULTS: 1) .135 TIME 2226 A.M. ☐ P.M. ☒ 2) .129 TIME 2229 A.M. ☐ P.M. ☒

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: WHITE TEE SHIRT, BLUE SHORTS, WHITE SHOES

MEDICAL CONDITIONS: ACID REFLUX

MEDICATIONS: OMEPRISOL

OTHER:

EYES: GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2157 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

NOT A CERTIFIED COPY

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	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2024009260	**Date:** 4/7/2024
	Specialist Name/ID#: MTooks #8557