

21CT 19057 NB

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

ADMINISTRATIVE	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 21-004029	
	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: UNARMED		Multiple Clearance Indicator			
DEFENDANT	Location of Arrest (Including Name of Business) 1075 N A1A, JUPITER, FL				Location of Offense (Business Name, Address) 1075 N A1A, JUPITER, FL 33477			
	Date of Arrest 11/14/2021	Time of Arrest 01:54	Booking Date 11/14/2021	Booking Time 02:04	Jail Date // : :	Jail Time	Location of Vehicle	
JUVENILE	Name (Last, First, Middle) MEZOE, MICHELLE CHRISTEN				Alias:			
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/31/1981	Height 5'08	Weight 170	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 205 CYPRESS POINT DR, PALM BEACH GARDENS, FL 33418				Phone (561) 452-1165		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 205 CYPRESS POINT DR, PALM BEACH GARDENS, FL 33418				Phone (561) 452-1165		Address Source FL DL	
	Business Address (Name, Street) (City) (State) (Zip)				Phone (561) 627-9944		Occupation	
	D/L Number, State M200543819710 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL	
	Citizenship US							
	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"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
CHARGE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone			
	<input type="checkbox"/> Legal Custodian				Business Phone			
	Address (Street, Apt. Number) (City) (State) (Zip)							
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
	Released To: (Name)		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
					Value of Property			
	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		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.
U. Unknown Z. Other				P. Paraphernalia/ Equipment S. Synthetic				
CHARGE	Charge Description DUI - NORMAL FACULTIES IMPAIRED				Statute Violation Number 316.193(1)(A)		Violation of ORD #	
	Drug Activity N	Drug Type /	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
					Bond			
CHARGE	Charge Description CITATION - REFUSE TO SIGN/ACCEPT CITATION				Statute Violation Number 318.14(3)		Violation of ORD #	
	Drug Activity N	Drug Type /	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
					Bond			
CHARGE	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	
					Bond			
INTAKE	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Explain: STATING SHE IS PSYCHOTIC							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Post Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By	Released To
NOTICE TO APPEAR	Transported By				Date Transported	Time Transported	Other	
	<input checked="" 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 instructions on Page 2.				Location (Court, Room) North County PALM BEACH GARD		No Photo Available	
				Court Date and Time 12/15/2021 08:30:00				
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				
ADMINISTRATIVE	HOLD for Other Agency				Signature of Arresting Officer			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN			
	Intake Deputy I.D. #				Pouch # 388			
				Name Verification (Printed by Arresting Officer) (PRINT)				
				Agency JUPITE				
				Witness here if subject signed with parent/guardian				

637623

1500

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14TH DAY OF NOVEMBER 20 21, AT 0141 ✓ AM PM
SUBJECT: MEZOE MICHELLE C CASE NUMBER: 21-004029
AGENCY: Jupiter Police Department ARRESTING OFFICER: MCGILLICUDDY 388

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I observed Mezoe enter the vehicle and drive southbound through the parking lot directly toward a lamp post and a set of bushes. I observed that the vehicle's tag light was too dim so as to not clearly illuminate the alpha numeric characters of the plate in darkness at 50 feet. I conducted a traffic stop on the vehicle and made contact with the driver.

OBSERVATION OF DRIVER:

Mezoe had a strong odor of unknown alcoholic beverage emitting from her breath, which intensified as she spoke. She had glassy bloodshot eyes. She spoke with slurred speech. She possessed gait ataxia.

DRIVER'S STATEMENTS:

Mezoe advised that she had consumed several drinks and on a scale of impairment from 0-10 she was "4". She was extremely condescending and made numerous comments about how she was politically connected and officers on scene were going to suffer consequences from the investigation.

ODORS:

Strong odor of unknown alcoholic beverage, emitting from her person, which intensified as she spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Condescending

CLOTHING: Long sleeve shirt, black pants, dress boots

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of November 20 21 by Officer MCGILLICUDDY 388

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court (F.S.S. 117.10)

SUBJECT: MEZOE MICHELLE CASE NUMBER 21-004029

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Horizontal Gaze Nystagmus angle of onset was immediate. No vertical gaze nystagmus in either eye.

WALK & TURN:

- Started too soon (danced down the line in a showy manner)
- Lost balance in starting position
- Stepped off line multiple times
- Missed heel to toe multiple times
- Used arms for balance
- Improper turn
- Stopped while walking
- Improper number of steps
- 8 of 8 clues

ONE LEG STAND:

- Put foot down
- Used arms for balance
- Swayed
- 3 of 4 clues
- Stopped for safety after Mezoe attempted to touch the top of her head with her foot and nearly fell over

FINGER TO NOSE:

- 1L - Pad to tip
- 2R - Pad to tip
- 3L - Pad to tip
- 4R - Pad to tip
- 5R - Middle of second knuckle to tip
- 6L - Pad to tip

ROMBERG ALPHABET:

(B TO X)

B C D E F H I J K L M N O P THIS IS HARD Q R S T U V W X Y AND Z

BREATH TEST RESULTS: 1) REF 2) REF 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of November 2021 by Officer MCGILLICUDDY 388

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Official (F.S.S. 117.10)

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Officer McGillicuddy, a duly certified Law Enforcement or Correctional Officer, am a
 (Name of Officer reading Implied Consent Warning)

member of Jupiter Police Department, and I do swear
 (Name of Law Enforcement Agency)

or affirm that on or about the 14th day of November, 20 21, at 0154 ☐ P.M. ☒ A.M.

DRIVER MICHELLE C MEZOE
 FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # M200-543-81-971-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Officer McGillicuddy and
 (Name of Arresting Officer)
 issued citation # ADB9FRE.

That on or about the 14TH day of NOVEMBER, 20 21, at 0159 ☐ P.M. ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

[Signature]
 Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

[Signature]
 Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 14th day of November, 20 21,
 by Officer MCGILLICUDDY 388,
 who is personally known to me or who has produced
Personally Known as identification.
 Notary Public _____

Title [Signature]
 Date 11-14-21

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 21-004029

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: OFC RALEIGH

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: FEMALE SEARCH

NAME: OFC NOBLE

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC ROBICHAUD

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: **MEZOE, MICHELLE C**

CASE NUMBER: 21-004029

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am Officer McGillicuddy of the Jupiter Police Department

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.

SUBJECT'S SIGNATURE: READ ON BWC MEZOE, MICHELLE C

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on Camera MEZOE, MICHELLE C



**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: 2021028604

Date: 11/14/21

Specialist Name/ID: A. Pinkney/7796