0538078 23CT2553NB 1401

# ARREST / NOTICE TO APPEAR

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

## ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 | 4 | 23-000596

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

If Weapon Seized, Enter Type: UNARMED | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 4299 W INDIANTOWN RD/CORTONA BLVD JUPITER FL 33478

Location of Offense (Business Name, Address): 4299 W INDIANTOWN RD/CORTONA BLVD, JUPITER, FL

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 02/08/2023 | 01:15 | 02/08/2023 | 01:25 | // : : | | |

## DEFENDANT

Name (Last, First, Middle): MEISENBACH, KERINN ANN

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 | F | 09/12/1988 | 5'11 | 127 | BLUE | BLONDE / | LIGHT | Medium |

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

Marital Status:

Religion: UNKNOWN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 12665 WINDMILL DR, PALM BEACH GARDENS, FL 33418

Phone: (917) 288-9600

Residence Type: 1. City 3. Florida 2. County 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 12665 WINDMILL DR, PALM BEACH GARDENS, FL 33418

Phone: (917) 288-9600

Address Source:

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| M251501888320 / FL | [redacted] | | BRADENTON, 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 ☒ 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. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

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

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI - NORMAL FACULTIES IMPAIRED | 316.193(1)(A) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☐ Y ☒ N | | OR |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ 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

Transported By | Date Transported // : : | Time Transported | Other

## NOTICE TO APPEAR

☒ 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: 03/15/2023 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 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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 1240

Name of Arresting Officer (Print): PICARD, RONNIE | I.D. #: 1240

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy | I.D. # | Pouch #

Transporting Officer: PICARD | I.D. #: 1240 | Agency: JUPITE

Witness here if subject signed with an "X".

PAGE 1 OF 1

COURT ☒ STATE ATTORNEY ☒ AGENCY ☒ CENTRAL RECORDS ☒ JAIL ☒ CRIME ANALYSIS ☐ ☒ DEFENDANT

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# 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 0501700 | JUPITER POLICE DEPARTMENT | 5 \| 4 \| 23-000596 |

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 |
|---|---|---|---|---|
| MEISENBACH, KERINN ANN | | W | F | 09/12/1988 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED | |
| Charge Description | Charge Description |
| | |

**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 MYSELF admitting to the below facts.

☒ was observed by SERGEANT COOK who told MYSELF 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 8 day of February, 2023 at 02:04 (Specifically include facts constituting cause for arrest.)

At approximately 00:14 hours on 02/08/2023, I responded to a traffic stop at W Indiantown Rd and Cortona Blvd in the Town of Jupiter, Palm Beach County, FL.

Upon arrival, the driver and later found to be the offender, Kerinn Ann Meisenbach; W/F; 09/12/1988 (917-288-9600), was the sole occupant of a white Mercedes bearing FL tag 84DHLF. Sergeant Cook made initial contact with Meisenbach because she weaved within the lane she was traveling in, almost struck a median, and failed to obey traffic control devices. See supplement report from Sergeant Cook.

I approached Meisenbach while she was sitting in the driver`s seat and began asking her questions. Meisenbach`s eyes were glossy and her speech was very low. I asked Meisenbach if she had been drinking tonight, she said she had one drink. I asked Meisenbach to consent to Standardized Field Sobriety Tasks so I know she could safely drive tonight. Meisenbach was unsure which decisions she should make. I read Taylor Warnings to Meisenbach and explained further to her after she had some questions. Meisenbach consented to perform the tasks.

As a result of the Standardized Field Sobriety Tasks, Meisenbach gave me many clues that indicated impairment (see DUI probable cause affidavit for further information regarding specific indicators of impairment).

I placed Meisenbach under arrest, I placed handcuffs on her and double-locked them. I then placed Meisenbach in the back right seat of my patrol vehicle.

After placing Meisenbach under arrest, I requested at roadside that she provide a lawful sample of her breath for the purpose of determining the alcohol content. Meisenbach refused. I advised Meisenbach of Implied Consent, Meisenbach confirmed she understood. Meisenbach immediately refused a second time at 01:23 hours.

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

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

02/08/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

02/08/2023
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 0501700 | JUPITER POLICE DEPARTMENT | 5 \| 4 \| 23-000596 |

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 |
|---|---|---|---|---|
| MEISENBACH, KERINN ANN | | W | F | 09/12/1988 |

PROBABLE CAUSE STATEMENT

As a result of the above investigation, Meisenbach was charged for driving under the influence pursuant to Florida State Statute 316.193(1)(A).

Search incident to arrest, a bottle of vodka that was 3 quarters empty was located behind the driver`s seat of Meisenbach`s vehicle.

Meisenbach was transported to The Jupiter Police Department for booking and processing. She was then transported to Palm Beach County Jail without incident.

The above incident was captured on my department-issued Axon BWC.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

02/08/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

02/08/2023
DATE



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

SUBJECT: **Meisenbach, Kerinn Ann** CASE NUMBER: **23-000596**

# 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 o chemical or controlled substances.

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

I am **Officer Picard** 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 Camea** **Meisenbach, Kerinn Ann**

# 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** **Meisenbach, Kerinn Ann**

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# WITNESS LIST

CASE NUMBER: 23-000596

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: C. Cook

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

23-000596

# STATE OF FLORIDA
# AFFIDAVIT OF REFUSAL TO SUBMIT TO
# BREATH TEST

I, **Officer Picard**, 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 **8th** day of **February**, 20 **23**, at **01:15** ☐P.M. ☑A.M.

DRIVER **Kerinn** **Ann** **Meisenbach**,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # **M-251-501-88-832-0**, state of **Florida**, was placed under lawful arrest for

the offense of **DUI** by **Officer Picard** and
(Name of Arresting Officer)

issued citation # **AH4W46E**.

That on or about the **8th** day of **February**, 20 **23**, at **01:23** ☐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.

1240
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 of Attesting Officer

**(AFFIX SEAL)**

The foregoing instrument was sworn and subscribed before me this **8th** day of **February**, 20 **23**, by **Officer R. Picard 1240**, who is personally known to me or who has produced **Personally Known** as identification.

Notary Public _____

Title _____

Date _____

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.

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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 | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 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) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (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 | ☐ | | Other: | |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023003674 | **Date:** 02/08/2023 |
| | **Specialist Name/ID:** T.Howard/7185 |