

0475429

2020MMDD3287-AMB

2164

ARREST / NOTICE TO APPEAR

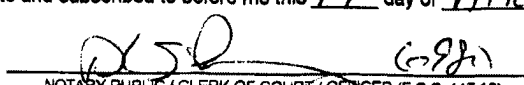
AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 20-005896		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE					
	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type: Hands/fist/feet/teeth		Multiple Clearance Indicator 1											
D E F E N D A N T	Location of Arrest (Including Name of Business) 217 SOUTHRIDGE RD						Location of Offense (Business Name, Address) 217 SOUTHRIDGE RD, DELRAY BEACH, FL 33444									
	Date of Arrest 04/17/2020	Time of Arrest 05:29	Booking Date 04/17/2020	Booking Time 05:49	Jail Date 04/17/2020	Jail Time 05:57	Location of Vehicle									
D E F E N D A N T	Name (Last, First, Middle) FREY, AMELIA LAUREN						Alias (Name, DOB, Soc. Sec. #, Etc.) ELIZABETH CITY, NC									
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 06/18/1984	Height 5'08	Weight 120	Eye Color BRO	Hair Color BLACK	Complexion LIGHT	Build SMALL							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of: Alcohol Influence Drug Influence Yes ☐ No ☒ Unk ☐							
	Local Address (Street, Apt. Number) 217 SOUTHRIDGE RD, DELRAY BEACH, FL 33444						(City)	(State)	(Zip)	Phone (561) 888-5556	Residence Type: 1. City 2. County 3. Florida 4. Out of State					
	Permanent Address (Street, Apt. Number) 217 SOUTHRIDGE RD, DELRAY BEACH, FL 33444						(City)	(State)	(Zip)	Phone (561) 888-5556	Address Source					
	Business Address (Name, Street) 217 SOUTHRIDGE RD, DELRAY BEACH, FL 33444						(City)	(State)	(Zip)	Phone	Occupation					
	D/L Number, State F600012847180 / FL		Soc. Sec. Number		DNS Number		Place of Birth (City, State) ELIZABETH CITY, NC		Citizenship US							
	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						
	J U V E N I L E	☐ Parent ☐ Other: _____ Name (Last, First, Middle)						Residence Phone								
☐ Legal Custodian						Business Phone										
Address (Street, Apt. Number) (City) (State) (Zip)																
Notified by: (Name)						Date										
C O D E F	Released To: (Name)						Relationship									
	Date						Time									
	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated															
	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									
C O D E F	Property Crime? ☐ Yes ☒ 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.	F. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)						Statute Violation Number 784.03(1A1)									
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Violation of ORD #								
	N				1	☒ Y ☐ N		Bond								
	Charge Description						Statute Violation Number									
	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Violation of ORD #								
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Violation of ORD #								
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	Charge Description						Statute Violation Number									
	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Violation of ORD #								
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries									
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail						PROPERTY - Received By									
	☐ Postal Bond ☐ South County Mental Health						Released By									
	Transported By						Date Transported									
N O T I C E	☐ INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444									
	☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						No Photo Available									
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed									
A D M I N	HOLD for Other Agency						Signature of Arresting Officer HERNANDEZ, EDWIN									
	☐ Dangerous ☐ Resisted Arrest ☐ Other						Name of Arresting Officer (Print) HERNANDEZ, EDWIN									
	☐ Suicidal ☐ Other						I.D. # 1194									
	Initial Deputy Quinn						Transporting Officer HERNANDEZ									
A D M I N	Pouch #						I.D. # 1194									
	Agency DBPD						Agency DBPD									
	Witness here if subject signed with an "X"						PAGE 1 OF 1									
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☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/17/2020 06:10	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 20-005896		
	Name (Last, First, Middle) FREY, AMELIA LAUREN				Race W	Sex F	Date of Birth 06/18/1984
O F F I C E R	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)						
	Victim's Name (Last, First, Middle) WILSON, MICHAEL ROBERT				Race W	Sex M	Date of Birth 08/02/1988
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 217 SOUTHRIDGE RD, DELRAY BEACH, FL 33444				Phone (973) 855-1899		Address Source FL DRIVERS LICENSE
	Business Address (Name, Street) (City) (State) (Zip) DSL ELECTRIC, LAKE WORTH				Phone		Occupation LABOR
	DEFENDANT'S STATEMENTS: Written ☐ Taped ☒ Oral ☐ VICTIM'S STATEMENTS: Written ☐ Taped ☒ Oral ☐				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		
RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING							
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES ☐ NO ☒						
	Victim: ☒						
	911 CALL: ☒		CALLER: MICHAEL WILSON				
	WEAPON USED: ☐		TYPE:				
	WITNESSES: ☐		(If YES, attach witness list)				
	INJURIES: ☒						
	MEDICAL TREATMENT: ☐						
	AT: Scene: ☐		PARAMEDICS: ☒				
	Hospital: ☐		PHYSICIAN(S) / HOSPITAL:				
	ACT COMMITTED IN PRESENCE OF MINOR(S): ☐		NAMES/AGES:				
H. R. S. NOTIFIED: ☐							
VICTIM PREGNANT: ☐							
VIOLATION OF RESTRAINING ORDER: ☐		CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐							
ALCOHOL OR DRUGS INVOLVED: ☒							
N A R R	On 4/17/2020, I responded to 217 Southridge Rd in reference to a domestic disturbance. Upon arrival, I made contact with the complainant, Michael Wilson.						
	Wilson advised that his girlfriend of three years, Amelia Frey, was physically abusive toward him after the						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>17</u> day of <u>APRIL</u> , <u>2020</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

DOMESTIC VIOLENCE PROBABLE CAUSE

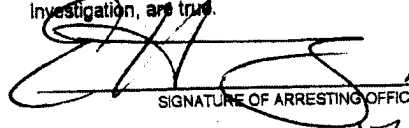
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Palm Beach County
Narrative Continuation

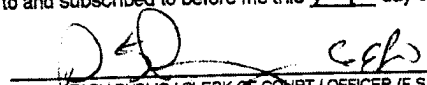
A D M I N N E A R A T I V E	Date / Time 04/17/2020 06:10	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 20-005896
	couple got into a verbal argument. Wilson stated that Frey was upset with him and she was stating that he doesn't really love her. Wilson advised that when Frey could not locate her cigarettes and lighter, she became physically violent. Wilson explained that Frey grabbed his tshirt and scratched his chest. Wilson advised that Frey then punched him in the face and kneed him in the throat. I observed scratches on Wilson's chest consistent with his statements. I then spoke with Frey, who gave a sworn statement that the couple was only in a verbal argument. I observed some injuries on Frey's left arm, but she did not provide an explanation. Frey remained consistent in her account that the incident was only verbal and no physical altercation took place. Considering the facts above, probable cause does exist to arrest Amelia Frey for Simple Battery-Domestic Violence pursuant to FSS 784.03(1A1)			

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 1194
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 17 day of APRIL, 2020.

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

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-5896 Agency: Delray Beach PD
Offense: Battery
Suspect/Offender: Amelia Frey
D.O.B. 6/18/1987 Race: W Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Michael Wilson
Address: 217 Southridge Rd
City: Delray Beach State: FL Zip: 33444
Home #: 973-885-1899 Work #: _____ Other: _____
 - b. Victim's next of kin: Mary Wilson
Address: 109 Westover Ave
City: West Caldwell State: NJ Zip: 07006
Home #: (973)266-3931 Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: HERNANDEZ I.D.: 1194 Date: 4-17-20

SUSPECT/OFFENDER: Frey, Amelia
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)



**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:	

REVIEW COMPLETED BY

Booking Number: 2020010736	Date: 4/17/2020
	Specialist Name/ID: B Evans / 23649