

0518456

3510 20MM007/27AXSB

OBTS Number		ARREST / NOTICE TO APPEAR			1 Arrest (No Warrant) 3 Request for Warrant 6 Arrest (Warrant) 4 Request for Capias 2 N.T.A. 5 Juvenile Referral		1	JUVENILE			
Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3, 2 2020-010171						
Charge Type: Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 799 PARK OF COMMERCE BLVD				Location of Offense (Business Name, Address) 799 PARK OF COMMERCE BLVD, BOCA RATON, FL 33487							
Date of Arrest 09/09/2020	Time of Arrest 23:25	Booking Date 09/09/2020	Booking Time 23:39	Jail Date 9/10/20	Jail Time 0145	Location of Vehicle EMERALD					
Name (Last, First, Middle) KRASE, CHRISTOPHER ALLEN				Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 03/16/1975	Height 5'06	Weight 145	Eye Color HAZEL	Hair Color BROWN	Complexion LIGHT	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1785 STICKNEY POINT DR, SARASOTA, FL 34321		(City)	(State)	(Zip)	Phone (614) 327-5187		Residence Type: 1 City 3 Florida 2 County 4 Out of State 3				
Permanent Address (Street, Apt. Number) 1785 STICKNEY POINT DR, SARASOTA, FL 34321		(City)	(State)	(Zip)	Phone (614) 327-5187		Address Source				
Business Address (Name, Street) UNEMPLOYED,		(City)	(State)	(Zip)	Phone		Occupation				
D/L Number, State I369147 / WV		D/S Number		Place of Birth (City, State) TOLEDO, OH, United		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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone						
<input type="checkbox"/> Legal Custodian		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 IAC 3. Incarcerated							
Released To: (Name)		Relationship	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/Derv.	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description DL - NO DRIVERS LICENSE				Statute Violation Number 322.03(1)		Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond OR			
Charge Description UNASSIGNED LICENSE PLATE				Statute Violation Number 320.261		Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond OR			
Charge Description GIVE FALSE NAME UPON ARRESTED OR DETAINED				Statute Violation Number 901.36(1)		Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond OR			
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Mugging <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
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				PROPERTY - Received By 693		Released By 693		Released To PBSO			
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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 10/08/2020 08:30:00		No Photo Available			
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					
HOLD for Other Agency				Signature of Arresting Officer 693		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) ROSEN, S. J.		I.D. # 693		PAGE 1 OF 1			
Poke Deputy DS Collins 7072		I.D. # 824 820		Pouch # Phillips		Agency 824 820		Witness here if subject signed with an "X"			

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

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-010171
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Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:
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Name (Last, First, Middle) KRASE, CHRISTOPHER ALLEN	Alias	Race W	Sex M	Date of Birth 03/16/1975
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Charge Description 901.36(1) GIVE FALSE NAME UPON ARRESTED OR DETAINED	Charge Description 322.03(1) DL - NO DRIVERS LICENSE
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Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) -	Address Source
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Business Address (Name, Street) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone	Occupation
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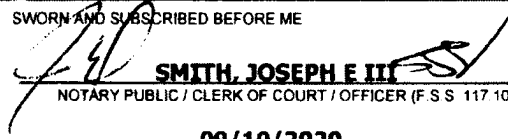

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to **OFC. ROSEN** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **9** day of **September**, **2020** at **23:25** (Specifically include facts constituting cause for arrest.)

On 9/9/2020 I was traveling north on Congress Ave when I observed a black Volvo bearing FL temporary tag # CRZ 1724. The tag came back unassigned and expired on 6/11/2020. I then conducted a traffic stop on the vehicle and it came to a stop on Park of Commerce Blvd, just east of Congress Ave.

Upon making contact with the w/m driver, he identified himself as "Fredrick John Krase", and claimed his license was out of Ohio but did not have it with him. The subject provided all personal information related to that name. I then ran the subject's personal information (name, date of birth, social security number) through BRPD dispatch to locate drivers license information for him. BRPD dispatch was able to locate his Ohio DL information and send it to me. I then ran it and observed the photo for the subject, which did not look like the subject I was with. I then went back and spoke with the subject who affirmed that he was "Fredrick Krase" and provided me with the information for that subject again.

The subject stated he lived at the address he provided for me for 20 years, but gave me the wrong zip code. I then told him that the information he gave me was incorrect and I asked for a BRPD unit with a fingerprint scanner. At that time the subject stated that the information he gave me was for his brother and that his name was Christopher Krase. He stated that he lied to me because he did not have a drivers license.

I was able to then locate his WV ID card and run it through BRPD dispatch who confirmed that he did not have drivers license. Based on the facts of the incident, Krase was arrested for providing a false name to law enforcement in violation of FSS 901.36(1), driving without a license in violation of FSS 322.03(1), and unlaw attached tag in violation of FSS 320.261. He was TOT CJ due to no local address.

SWORN AND SUBSCRIBED BEFORE ME  SMITH, JOSEPH E III NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/10/2020 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ROSEN, STEPHEN JEFFREY (693) NAME OF OFFICER (PLEASE PRINT) 09/10/2020 DATE	PAGE 1 OF 1
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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	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020021386	Date: 9/10/2020
	Specialist Name/ID: B Evans / 23649