

ARREST / NOTICE TO APPEAR

18CF 5741

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

1

JUVENILE

ADMI STR ATI ON	OBTS Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 614 18-001419		Multiple Clearance Indicator 3		
DEF END ANT	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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		Location of Arrest (Including Name of Business) 525 S BROADWAY ST		Location of Offense (Business Name, Address) 525 S BROADWAY ST, LANTANA, FL 33462				
	Date of Arrest 06/17/2018		Time of Arrest 06:11		Booking Date		Booking Time		Jail Date		Jail Time
C O D E F	Name (Last, First, Middle) FREY, ERIC D		Alias:		Race W - White I - American Indian B - Black O - Oriental/Asian W M		Sex M		Date of Birth 11/07/1983		Height 5'10
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT F CHEST; TATT LOL LEG		Marital Status		Religion CATHLIC		Complexion LIGHT		Build TALL		Eye Color HAZE
	Local Address (Street, Apt. Number) 404 SE BLOXHAM WAY, STUART, FL 34997		(City)		(State)		(Zip)		Phone (631) 487-7566		Indication of Alcohol Influence Yr <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
	Permanent Address (Street, Apt. Number) 404 SE BLOXHAM WAY, STUART, FL 34997		(City)		(State)		(Zip)		Phone (631) 487-7566		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3
J U V E N I L E	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation
	D/L Number, State 128527262 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) QUEENS, NY, United		Citizenship US		Address Self
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Co-Defendant Name (Last, First, Middle)
C H A R G E	Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone		Legal Custodian		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)		Relationship
	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.		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property SMASHED FRONT WINDOW		Value of Property \$400		School Attended		Grade
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other
C H A R G E	Charge Description CRIMINAL MISCHIEF - RESIDENCE		Statute Violation Number EMR 806.13		Violation of ORD #		Drug Activity N		Drug Type N		Amount / Unit
	Charge Description POSSESSION OF SCHEDULE IV SUBSTANCE		Statute Violation Number 893.13(6)(A)SCHEDUL		Violation of ORD #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number
	Charge Description DISORDERLY INTOXICATION		Statute Violation Number 856.011		Violation of ORD #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		PROPERTY - Received By		Released By		Released To		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health
	Transported By		Date Transported		Time Transported		Other		INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)
A D M I N	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		Name Verification (Printed by Arrestee)		I.D. # 890		PAGE 1 OF 1
	HOLD for Other Agency		Signature of Arresting Officer Harvey Anthony S.		Name Verification (Printed by Arrestee)		I.D. # 890		Agency LAN		Witness here if subject signed with an "X".

0499/06

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

OBTB Number	Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 18-001419
Agency ORI Number FL 0502000			
Charge Type: Check as many as apply.	Special Notes:		
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) SCHNORR, MICHAEL CHARLES	Alias	Race W	Sex M	Date of Birth 05/14/1982
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Charge Description CMR CRIMINAL MISCHIEF - RESIDENCE	Charge Description 856.011 DISORDERLY INTOXICATION
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Victim's Name (Last, First, Middle) IACCARINO, COURTNEY ELLEN	Race W	Sex F	Date of Birth 04/14/1990
Local Address (Street, Apt. Number) 153 SEVILLA AVE, ROYAL PALM BEACH, FL 33411	Phone (561) 758-0907	Address Source	
Business Address (Name, Street) UNEMPLOYED	Phone	Occupation	

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 _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of June, 2018 at 08:00 (Specifically include facts constituting cause for arrest.)

On 06/17/2018 at 0551 hours I was dispatched to 525 S Broadway, Lantana, FL 33462 in reference to a residential burglary.

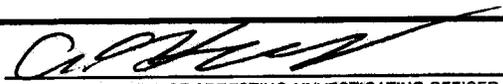
Upon my arrival, I made contact with W/M Eric Frey (DOB 11/07/1983) and W/M Michael Schnorr (DOB 05/14/1982) later identified by ID cards. Both were in sitting on the ground with other Lantana Police Officer around them. I noticed broken glass on the ground where both parties were sitting. I and another police officer took them down to the police car and secured them while we conducted an investigation. Both had slurred speech and was not able to stand on their own. They needed assistance walking to the patrol car. A strong alcohol smell was coming from their mouth. Both parties were pat searched and a Clonazepam was found on Frey right rear pocket.

I then interviewed W/M Alexander Larson (DOB 05/09/1986) who is a neighbor and lives in apartment H. Larson stated he witnessed two men kicking in a neighbors door located at the above address. When they could not make entry they broke the front window. Larson stated the male suspect with the blue shirt (Frey) kicked the window went inside to open the front door for the man in the black shirt (Schnorr)

I then interviewed victim W/F Courtney Iaccarino (DOB 04/14/1990) who lives at advised that she was sleeping in her apartment and heard pounding with glass breaking. Iaccarino advised that she was very scared and went and hid in her closet. Iaccarino advised that she saw the cops and came out of hiding. Iaccarino advised that nobody had permission to break or cause damage to her window. Iaccarino advised the damage will cost \$400.00

After the investigation was concluded Schnorr and Fray were placed under arrest, handcuffed (double locked and checked for spacing) for criminal mischief and disorderly intoxication. Fray was also charged with possession Clonazepam. Six digital photos of

SWORN AND SUBSCRIBED BEFORE ME		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>6/17/18</u>		HARVEY, ANTHONY STEVEN (890)
DATE		NAME OF OFFICER (PLEASE PRINT)
		06/17/2018
		DATE

OBT8 Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 18-001419				
Charge Type: Check as many as apply.						Special Notes:	
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other							
D E F	Name (Last, First, Middle) FREY, ERIC D			Race W	Sex M	Date of Birth 11/07/1983	
<p>the damage were taken as evidence. Iaccarino and Larson completed sworn written statements. The Clonazepam will be placed into evidence at the Lantana Police Department.</p> <p>Schnorr and Frey were transported to the Lantana Police Department then to the Palm Beach County Jail to be lodged.</p>							
NOT A CERTIFIED COPY							
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 6/17/18 DATE </div> <div style="width: 45%;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HARVEY, ANTHONY STEVEN (890) NAME OF OFFICER (PLEASE PRINT) 06/17/2018 DATE </div> </div>						
A D M I N I S T R A T I V E							PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018020141	Date: 6/18/2018
	Specialist Name/ID: M. Tooks #8557