

GOTIS Number		ARREST / NOTICE TO APPEAR																					
Agency ORI Number		Agency Name		17-072589						1. Arrest		3. Request for Warrant											
0500400		Delray Beach Police Department		4 0 17-002227						2. N.T.A.		4. Request for Capias											
Charge Type:		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator											
Check as many as apply:		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor						Enter Type		None/not Applicable											
Location of Arrest (Including Name of Business)												Location of Offense (Business Name, Address)											
100 W ATLANTIC AVE, DELRAY BEACH, FL												100 W ATLANTIC AVE, DELRAY BEACH, FL 33444											
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
02/08/2017		23:24		02/08/2017		23:36		//		:		WESTWAY TOWING											
Name (Last, First, Middle)												Alias (Name, DOB, Soc. Sec. #, Etc.)											
FRESE, WILLIAM GENNARO												Alias:											
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build							
W - White B - Black		I - American Indian O - Oriental/Asian		W M		11/27/1968		6'00		265		BROWN		GRAY OR		FAIR		LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Religion		Indication of:							
												U		CHRISTIAN		Alcohol Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip)												Phone		Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
7692 STIRLING BRIDGE BLVD N, DELRAY BEACH, FL 33446												(561) 808-8870		Residence Type:		1. City 3. Florida							
Permanent Address (Street, Apt. Number) (City) (State) (Zip)												Phone		2. County 4. Out of State		I							
7692 STIRLING BRIDGE BLVD N, DELRAY BEACH, FL 33446												(561) 808-8870		Address Source		FL DL							
Business Address (Name, Street) (City) (State) (Zip)												Phone		Occupation		Risk Manager							
ADT, 1501 YAMATO RD, BOCA RATON																							
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship															
F620927684270 / FL						PHILADELPHIA, PA,		US															
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		1. Arrested		3. Felony		5. Juvenile	
																		<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		1. Arrested		3. Felony		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) <input type="checkbox"/> Legal Custodian																		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 <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:												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Crime?		Description of Property						Value of Property	
C O D E S		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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	
C H A R G E		Charge Description DRIVING WHILE UNDER INFLUENCE												Statute Violation Number		Violation of ORD #							
		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond					
C H A R G E		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					
C H A R G E		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					
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 Explain:									
		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"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By		Released To					
N O T I C E		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		02/27/2017 08:30:00					
A P P E A R		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.												2/9/17		Date Signed		CJ					
		<i>W. G. F.</i> Signature of Defendant (or Juvenile and Parent/Custodian)																		No Photo Available			
A D M I N		HOLD for Other Agency				Signature of Arresting Officer <i>Anita Ball</i> 1123				Name Verification (Printed by Arrestee) CJ													
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) BALKISSOON, ANITA 1123				(PRINT)													
		Intake Deputy		ID #		Pouch #		Transporting Officer BALKISSOON 1123		ID #		Agency DBPD		PAGE 1 OF 1									
														Witness here if subject signed with an "X".									

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9 DAY OF February 2017, AT 2324 AM PM
SUBJECT: FRESE, WILLIAM G CASE NUMBER: 17-002227
AGENCY: DELRAY BEACH ARRESTING OFFICER: BALKISSOON

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
ON WEDNESDAY FEBRUARY 8, 2016 AT 2256, LT. GRAY WAS TRAVELING WESTBOUND ON E ATLANTIC AVE AND OBSERVED A ORANGE TOYOTA TACOMA (FL TAG 898-RVF) DRIVING ON THE SIDEWALK IN FIRST BLOCK OF E ATLANTIC AVE. LT. GRAY OBSERVED THE VEHICLE DRIVE OFF THE SIDEWALK AND INTO THE ROADWAY IN FRONT OF HIS PATROL VEHICLE AT THE INTERSECTION OF W ATLANTIC AVE AND SWINTON AVE HEADING WESTBOUND ON W ATLANTIC AVE. LT. GRAY THEN INITIATED A TRAFFIC STOP. WHILE SPEAKING TO THE DRIVER, LT. GRAY SMELLED THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT HIS BREATH AND REQUESTED I RESPOND TO CONDUCT A DUI INVESTIGATION.

OBSERVATION OF DRIVER:

THE DEFENDANT APPEARED IMPAIRED, HAD GLASSY, REDDENED EYES, FLUSH FACE, SLOW COMPREHENSION, AND HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT HIS BREATH. THE DEFENDANT APPEARED UNSTABLE WHILE WALKING TO AN AREA FOR ROADSIDE TASKS.

DRIVER'S STATEMENTS:

THE DEFENDANT TOLD LT. GRAY HE HAD A TWO BEERS.

POST MIRANDA, THE DEFENDANT STATED THAT HE SHARED A BOTTLE OF WINE WITH A FRIEND AND HAD TWO TO THREE BEERS TONIGHT.

ODORS:

THE DEFENDANT HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT THEIR BREATH.

GENERAL OBSERVATIONS

SPEECH: SLURRED, MUMBLED

ATTITUDE: POLITE, TALKATIVE, COOPERATIVE

CLOTHING: NORMAL ATTIRE

MEDICAL PROBLEMS:

DIABETIC

MEDICATIONS: TAKEN FOR: HIGH CHOLESTEROL, DIABETES, HEART DISEASE, ANXIETY

OTHER:

BREATH TESTING AND ROADSIDES ARE VIDEO RECORDED.

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ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY	<input checked="" type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY
<input checked="" type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS	<input checked="" type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
<input checked="" type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION	<input checked="" type="checkbox"/> DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN:

THE DEFENDANT DID NOT TOUCH HEEL TO TOE ON SOME STEPS, THE DEFENDANT CONTINUES TO LOSE BALANCE AND STEPPED OFF LINE, USES ARMS FOR BALANCE, TURNED INCORRECTLY, AND TOOK AN INCORRECT NUMBER OF STEPS. THE DEFENDANT STEPPED OFF LINE ON STEP 3,4,5 AND COUNTED TO STEP 10 BOTH TIMES.

CAN NOT DO, WHY? _____

ONE LEG STAND:

THE DEFENDANT SWAYS WHILE BALANCING, USES ARMS FOR BALANCE, AND PUT FOOT DOWN THREE TIMES. THE DEFENDANT SKIPPED 1003 AND COUNTED 1004 TWICE.

CAN NOT DO, WHY? _____

FINGER TO NOSE:

THE DEFENDANT FAILED TO COMPLETELY CLOSE EYES, SWAYS, FAILED TO TOUCH THE TIP OF NOSE WITH INDEX FINGER. THE DEFENDANT KEPT TOUCHING THE MIDDLE OF HIS NOSE.

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

THE DEFENDANT FAILED TO COMPLETELY CLOSE EYES, AND SWAYS.

CAN NOT DO, WHY? _____

BREATH TEST RESULTS: _____ 0.163, 0.174

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS _____

02/09/2017

(DATE)

BY: Jeffrey 1051EPC Myert

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

Anita Ball
SIGNATURE OF ARRESTING OFFICER
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FEB 09 2017

WITNESS LIST

CASE NUMBER: 17-00227

ARRESTING OFFICER: OFC BALKISOON

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): 561-243-7832 (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: OFC HUYETT

ADDRESS: 300 WEST ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: LT. GRAY

ADDRESS 300 WEST ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? TO WORK

WHAT STREET OR HIGHWAY WERE YOU ON? MAIN STREET

DIRECTION OF TRAVEL? W WHERE DID YOU START? MAIN STREET

WHAT TIME DID YOU START? 6:00 AM WHAT TIME IS IT NOW? 6:30 AM

WHAT IS TODAY'S DATE? 1/10/17 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? FRANCIS, NC

WHEN DID YOU LAST EAT? 6:00 AM WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving to work

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? NO WHAT? None

HOW MUCH? None WHERE? None WITH WHOM? None

WHEN DID YOU HAVE YOUR FIRST DRINK? None AND YOUR LAST DRINK? None

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? None

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? None ARE YOU UNDER THE INFLUENCE? None

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? None HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? None

ARE YOU SICK OR INJURED? None WHAT'S WRONG? None

DO YOU LIMP? None DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? None

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? None WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? None WHEN? None

DO YOU HAVE: EPILEPSY? NO

GLASS EYE? NO

FALSE TEETH? NO

EAR INFECTION? NO

INNER EAR TROUBLE? NO

DIABETES? YES

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? None **SCANNED**

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? None WHERE? None **FEB 09 2017**

INTERVIEWER: R. A. F. 1/10/17

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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 _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. 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.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

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SUSPECT'S SIGNATURE: (X) _____

TESTING FACILITY TASK REPORT

AGENCY: Delray Beach P.D.
SUBJECT: Frese, William Gennard CASE NUMBER: 17-037427
DATE: 02/08/17 - 02/09/17 VIDEO TAPE NUMBER: DVD # 62104
BEGINNING TIME: 0023 ENDING TIME: 0043

BREATH TESTS RESULTS: 1) 163 TIME 0027 A.M./P.M. 2) 174 TIME 0030 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: easy to understand

ATTITUDE: quiet, co-operative, polite

CLOTHING: black shirt, black dress pants, green dress shirt

MEDICAL CONDITIONS: none hasn't had anxiety attacks for long time

MEDICATIONS: cholesterol, heart meds, anxiety meds, diabetes meds

OTHER: odor of unknown alcoholic beverage detected during arriving

Director of Risk Mgmt

COMMENTS: 1/08/2017 arrived at 2358 hrs

A/I observed 20 minutes

A/I requested breath test, I agreed

1ST breath Adequate, very short

2N breath same Tech explained results

A/I read c/w, I understood rights

I answered Q&A I admitted having alcoholic beverages, Split bottle of wine with friend 3 beers afterward. Couldn't feel effects.

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NOT A CERTIFIED

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