

AD M I N I S T R A T I O N		OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 17-002227									
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 None/not Applicable		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 100 W ATLANTIC AVE, DELRAY BEACH, FL						Location of Offense (Business Name, Address) 100 W ATLANTIC AVE, DELRAY BEACH, FL 33444							
Date of Arrest 02/08/2017		Time of Arrest 23:24		Booking Date 02/08/2017		Booking Time 23:36		Jail Date // : :		Jail Time		Location of Vehicle WESTWAY TOWING	
Name (Last, First, Middle) FRESE, WILLIAM GENARO						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black O - Oriental/Asian		Sex W		Date of Birth 11/27/1968		Height 6'00		Weight 265		Eye Color BROWN		Hair Color GRAY OR	
Complexion FAIR		Build LARGE		Marital Status U		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 7692 STIRLING BRIDGE BLVD N, DELRAY BEACH, FL 33446						(City)		(State)		(Zip)		Phone (561) 808-8870	
Permanent Address (Street, Apt. Number) 7692 STIRLING BRIDGE BLVD N, DELRAY BEACH, FL 33446						(City)		(State)		(Zip)		Phone (561) 808-8870	
Business Address (Name, Street) ADT, 1501 YAMATO RD, BOCA RATON						(City)		(State)		(Zip)		Phone	
DL Number, State F620927684270 / FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA, PA,		Citizenship US	
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)						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	
<input type="checkbox"/> Parent <input type="checkbox"/> 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 <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			
C O D E		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	
C H A R G E		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 316.193(1)		Violation of ORD #			
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense # 17-002227		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
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					
I N T A K E		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		Released By		Released To	
I N T A K E		<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported // : :		Time Transported		Other	
N O T I C E		<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		No Photo Available 2017 FEB 9 AM 5:35	
T O 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.						Signature of Defendant (or Juvenile and Parent/Custodian) <i>William G. Frese</i>		Date Signed 2/9/17			
A D M I N		HOLD for Other Agency		Signature of Arresting Officer <i>Anita Balkissoon</i>		Name Verification (Printed by Arrestee) 1123		Name of Arresting Officer (Print) BALKISSOON, ANITA		LD # 1123		PAGE 1 OF 1	
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy		LD #		Pouch #		Witness here if subject signed with an "X". DBPD	

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

SCANNED
 FEB 09 2017

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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FEB 09 2017

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: [Signature] 1051

Off Hyatt

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

[Signature]

1123

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: _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

SCANNED

FEB 09 2017

SUBJECT: FRESH MEAT COMPANY CASE NUMBER: 17-100007

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? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? AVENUE A

DIRECTION OF TRAVEL? W WHERE DID YOU START? 1000 AVENUE A

WHAT TIME DID YOU START? 10:00 PM WHAT TIME IS IT NOW? 11:00 PM

WHAT IS TODAY'S DATE? 2/9/17 WHAT DAY OF THE WEEK IS IT? WEDNESDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? CLAY COUNTY, MISSOURI

WHEN DID YOU LAST EAT? 10:00 PM WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? DRIVING

HOW MUCH DO YOU WEIGH? 200 LBS HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 2 BEERS WHERE? IN THE CAR WITH WHOM? ALONE

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 PM AND YOUR LAST DRINK? 11:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? IN THE CAR

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 0

WHAT? 0 WHERE? 0 WHEN? 0

WHAT LINE OF WORK ARE YOU IN? 0 WHEN DID YOU LAST WORK? 0

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? 0

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? 0

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? 0

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? 0 WHY? 0

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? 0 WHEN? 0

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>YES</u>

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? 0

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? 0

INTERVIEWER: BAILEY, JESSICA

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY: Delray Beach P.D.
 SUBJECT: Frese, William Gennaro CASE NUMBER: 17-037427
 DATE: 02/08/17 - 02/09/17 VIDEO TAPE NUMBER: DVP# 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

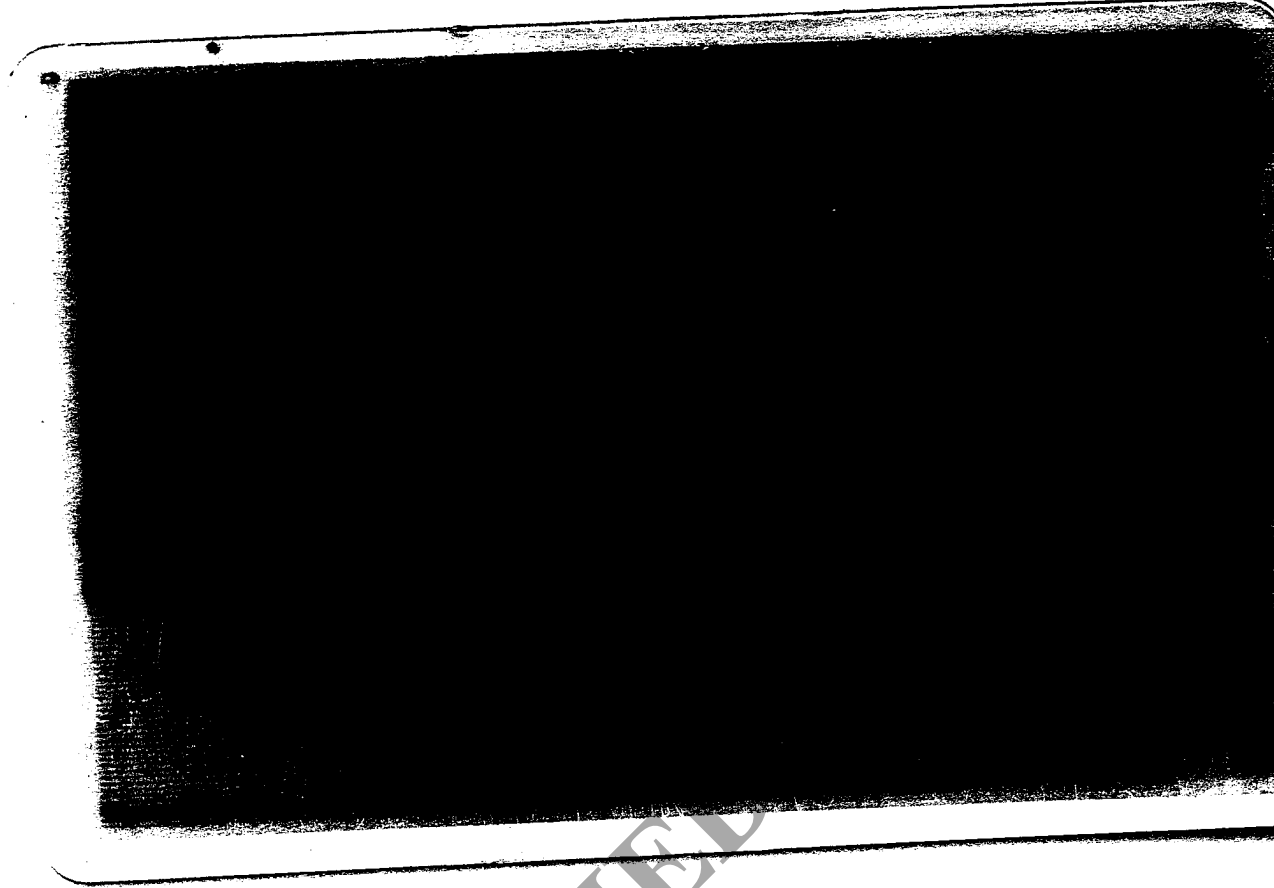
TESTING OFFICER'S OBSERVATIONS

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: A/O arrived at 2358 hrs
A/O observed 20 minutes
A/O requested breath test, I agree
1st breath adequate, very short
2nd breath same tech explained results
A/O read c/w, understood rights
A/O answered Q & A I admitted having alcoholic beverages, split bottle of wine with friend 3 beers afterward. Couldn't feel effects.

SCANNED

FEB 09 2017



NOT A CERTIFIED

SCANNED
FEB 09 2017