

0514901

20CF9223  
ARREST / NOTICE TO APPEAR

1780

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 20-014818</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		3 1		JUVENILE									
	Charge Type: Check as many as apply: <input checked="" 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		Location of Arrest (Including Name of Business) <b>SW 7TH ST/ SW 15TH AVE, DELRAY BEACH, FL</b>		Location of Offense (Business Name, Address) <b>1499 SW 7TH ST/SW 15TH AVE, DELRAY BEACH, FL 33444</b>		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>3</b>													
D E F E N D A N T	Date of Arrest <b>11/12/2020</b>		Time of Arrest <b>22:05</b>		Booking Date <b>11/12/2020</b>		Booking Time <b>22:15</b>		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) <b>FREIDIN, ELLIOT DANIEL</b>		Alias:		Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>05/10/1993</b>		Height <b>5'11</b>		Weight <b>180</b>		Eye Color <b>GREEN</b>							
C O D E F	Local Address (Street, Apt. Number) <b>483 CAPRI K, DELRAY BEACH, FL 33484</b>		Permanent Address (Street, Apt. Number) <b>483 CAPRI K, DELRAY BEACH, FL 33484</b>		Business Address (Name, Street) <b>UNEMPLOYED,</b>		DL Number, State <b>F635204931700 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City) <b>FORT M</b>		Marital Status <b>S</b>							
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor													
J U V E N I L E	Parent <input type="checkbox"/> Other: _____		Legal Custodian		Address (Street, Apt. Number)		(State)		(Zip)		Residence Phone		Business Phone									
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated															
C H A R G E	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									
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property																	
C H A R G 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		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	
	Charge Description <b>POSSESSION OF COCAINE</b>		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number <b>893.13 (6A)</b>		Violation of ORD #							
C H A R G E	Charge Description <b>RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number <b>843.02</b>		Violation of ORD #							
	Charge Description <b>ESCAPE</b>		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number <b>944.40</b>		Violation of ORD #							
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Reformatives <input type="checkbox"/> Injuries		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To							
	Transported By		Date Transported		Time Transported		Other															
N O T I C E T O A P P E A R	<input type="checkbox"/> 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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed																	
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>1118</b>		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>TABARES MEDEROS, JESUS R</b>		ID # <b>1118</b>		(PRINT)		PAGE <b>1 OF 1</b>									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input checked="" type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer <b>TABARES</b>		ID # <b>1118</b>		Agency <b>DBPD</b>		Witness here if subject signed with an "X"											

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1000  
210K  
3300

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS SCANNED DEFENDANT

NOV 13 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency Report Number 4   0   20-014818	
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	
Charge Type: Check as many as apply.	Special Notes:	Race Sex Date of Birth W M 05/10/1993
<input checked="" 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
Name (Last, First, Middle) FREIDIN, ELLIOT DANIEL		
Charge Description 893.13 (6 A) POSSESSION OF COCAINE	Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE	
Charge Description 944.40 ESCAPE	Race Sex Date of Birth W M 05/10/1993	
Victim's Name (Last, First, Middle) State Of Florida	Phone	Address Source
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Occupation
Business Address (Name, Street) (City) (State) (Zip)	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.  
 confessed to \_\_\_\_\_ admitting to the below facts.  
 was observed by \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 was found to have committed the below acts, resulting from my (described) investigation.

On the 12 day of November, 2020 at 22:56 (Specifically include facts constituting cause for arrest.)

This incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 11/12/20, I saw a white male riding a bicycle without the proper lighting equipment on SW 7th St. from Auburn Ave. This area is a well documented narcotics area. The bicycle did not have a front or rear light. I conducted a traffic stop with my lights and siren on the subject in the 1500 block of SW 7th St. who was identified as Elliot Freidin. Freidin placed his bicycle on the fence nearby and was acting very nervous. He was unsteady on his feet and shaking at times. I explained to him the reason for the stop. I asked him for his identification to which he did not provide. Freidin gave me him his name and date of birth. I confirmed his identification through D.A.V.I.D. and record management system (RMS). I asked Freidin for consent to search his person. Freidin consented and I searched his front pockets. In his front left pocket, I located a small white rock like substance that I know through my training, knowledge, and experience to be crack cocaine. I placed Freidin in handcuffs and walked him to the rear of my patrol vehicle.

At this time, Freidin pulled away from me and started running south on SW 15th Ave. Ofc. Reed yelled to Freidin "stop, Police" but he kept running. Ofc. Reed and I gave chase and caught up to him approximately one block south on SW 15th Ave. Freidin fell to the ground and was actively resisting. Ofc. Reed and I walked him back to my patrol vehicle. Again, Freidin pulled away from Ofc. Reed and started actively resisting and trying to escape our custody. Ofc. Reed and I pushed Freidin up against a bush. Freidin fell to the ground again and started kicking. He then moved his handcuffs from his back to the front. As he was resisting, officers gave Freidin multiple commands to stop resisting. Ofc. Mintus arrived on scene and Freidin eventually calmed down. As a result of this altercation with Freidin, I sustained a knee injury and was treated at Delray Medical Center. I field tested the white rock like substance with a presumptive test kit. The substance came back positive for cocaine.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>J. J. 11/12/20</i>
<u>GRAMMATICO, JOSEPH</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<u>TABARES MEDEROS, JESUS R (1118)</u> NAME OF OFFICER (PLEASE PRINT)
<u>11/12/2020</u> DATE	<u>11/12/2020</u> DATE
	PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4-0 20-014818</b>		
	Charge Type: Check as many as apply. <input checked="" 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				Special Notes		
D E F	Name (Last, First, Middle) <b>FREIDIN, ELLIOT DANIEL</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/10/1993</b>

Based on the above stated facts probable cause exist to charge the defendant, Elliot Freidin, with possession of cocaine, per. 893.13(6A), resisting without violence, per. 843.02, and escape, per. 944.40.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SCANNED	
	<u>GRAMMATICO, JOSEPH</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<u>11/12/2020</u> DATE		<u>TABARES MEDEROS, JESUS R (1118)</u> NAME OF OFFICER (PLEASE PRINT)	
	<u>11/12/2020</u> DATE		<u>11/12/2020</u> DATE	

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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: 2020026708	Date: 11/13/2020
	Specialist Name/ID: C. Anastasi/#21908

SCANNED  
NOV 13 2020