

**7th. Judicial Circuit 707
Charging Affidavit - FLAGLER**

Arrest # _____

Bk # _____

Pg #1 of 3

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: 2018 MM 001241	
(ORI) FL: 0 1 8 0 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2018-00072582	
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		OBTS#		UCR:	Date Arrested:
ADDRESS OF ARREST:		Arrested By: Kandour Paul		Time of Arrest: 08:00	
DEFENDANT Name (L.F.M.): FRUEHAN, FLORENCE, ROBERT		A.K.A.:		ID Number: 342	
DOB: 08/20/1959	Age: 59	Driver's Lic ID No.: F650-276-59-300-0	State: Florida	Year Expires: 2026	Sex: Male Race: White
Height: 6 2	Weight:	Hair: Brown	Eyes: Brown	POB (City, St. Country)	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:		Citizenship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Address-Mailing Permanent (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIPCODE	RESIDENCE PHONE
Address-Local (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIPCODE	RESIDENCE PHONE
15 FLAGSHIP DR		Palm Coast	Florida	32137-	(386)445-6191
Address-Other(Employer School) (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIPCODE	BUS SCHOOL PHONE
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges: 1
#1	Charge: BATTERY - SIMPLE	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS ORD: 784.03.1.B	Citation No.:	Bond:
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD:	Citation No.:	Bond:
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS ORD:	Citation No.:	Bond:
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	
#1 NAME(L.F.M.):		Race:	Sex:	DOB:	Age:
#2 NAME(L.F.M.):		Race:	Sex:	DOB:	Age:
NARRATIVE ²⁰¹⁴ ^{SEPTEMBER 2016} The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the <u>23rd</u> day of <u>August</u> , <u>2018</u> , at approximately <u>10:28</u> <u>X</u> A.M. <u></u> P.M. at <u>9 PINE CONE DR 102</u> within <u>Flagler</u> County, violated the law and did then and there. On August 4, 2018 at 4:42pm, I was contacted by telephone by _____ (victim/complainant) in reference to a delayed simple battery that occurred at 9 Pine Cone Drive, Suite 102, Palm Coast, FL 32137. I verified Ms. _____'s identity by asking her specific information in reference to her Florida driver's license. Ms. _____ said that in 2016, she had to get a physical for insurance purposes. Ms. _____, who just moved to Palm Coast, made an appointment with Doctor Florence Fruehan (suspect). On September 26, 2016, Ms.					
Supervisor Approved: Emery, Ryan D 08/23/2018					
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>		FINE, AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.					
SIGNATURE OF DEFENDANT		DATE	RELATIONSHIP TO JUVENILE	Juve Disn.	CITATION No.
Sworn to and subscribed before me, the undersigned This <u>24th</u> day of <u>April</u> , <u>2018</u>		I swear affirm the above statements are correct and true.			Rt Thumb
Name: <u>[Signature]</u>		OFFICER'S/COMPLAINANT'S SIGNATURE			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME(PRINTED)		ID NUMBER	
OFFICIAL USE ONLY		Inmate Number & facility:			

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Pg #2 of 3

Defendant Name: FRUEHAN, FLORENCE, ROBERT		Agency Case Number: 2018-00072582	
Name (L,F,M):	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: White	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): , Palm Coast, Florida		Zip: 32137-	Age: 39 DOB: 10/1979 SSN: --
Bus/School Address:		Home Phone: (386)264-3067	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Bus/School Address:		Zip:	Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Bus/School Address:		Zip:	Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Bus/School Address:		Zip:	Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Bus/School Address:		Zip:	Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Bus/School Address:		Zip:	Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: Phone:
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (#, Street, City, State):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: DOB: SSN:
Bus/School Address:		Zip:	Home Phone: Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: Phone:

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
WRITTEN STATEMENT	08/22/2018		
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

 # 342
 Investigating Officer ID Number


 Agency

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant Name: FRUEHAN, FLORENCE, ROBERT	Agency Case Number: 2018-00072582
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CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges:
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

attended her scheduled appointment at Dr. Fruehan's office with her two-year-old child. While Ms. [redacted] was in the waiting room, she said that she could hear the staff talking about other patients and using obscene language during their conversations.

Ms. E [redacted] said that she entered a patient room where Dr. Fruehan entered shortly after. Ms. [redacted] said that Dr. Fruehan confirmed that she was there to receive a physical and began asking her questions. After Ms. [redacted] answered all questions, she said that Dr. Fruehan asked her to lay down. Ms. [redacted] said that Dr. Fruehan began touching her legs. Dr. Fruehan then asked Ms. [redacted] to sit up. Ms. [redacted] said that Dr. Fruehan began touching her back underneath her shirt and then moved his hands under her shirt towards her breasts. Dr. Fruehan began touching Ms. [redacted]'s breasts while his hands were still under her shirt. Ms. [redacted] said that Dr. Fruehan did not say anything and did not advise her what he was checking for while he was touching her breasts. Ms. [redacted] said that she felt violated and very uncomfortable because there was not a nurse or a female assistant in the room during the exam and that her two-year-old child was in the room with her.

Ms. [redacted] said that Dr. Fruehan stopped touching her breasts and finished the exam. While Ms. [redacted] was walking to the checkout desk, she said that Dr. Fruehan walked beside her, wrapped his arm around her waist, stopped, and said, "Open your mouth". Ms. [redacted] said that Dr. Fruehan grabbed an instrument from his pocket and began examining her throat, eyes and ears at the checkout desk. Ms. [redacted] left Dr. Fruehan's office and never returned.

On August 5, 2018, Dep. Varnes delivered Ms. F [redacted] a written statement to complete. On August 21, 2018, Ms. [redacted] notified me that her written statement was complete. Dep. Emrich made contact with Ms. [redacted] at her home to pick up the written statement. Dep. Emrich swore Ms. [redacted] to her written statement and turned the written statement into records.

Ms. [redacted] wished to sign charges against Dr. Fruehan for simple battery. I completed a charging affidavit, which was signed by Ms. [redacted]. All paperwork was forwarded to the State's Attorney's Office.

End of narrative.

Sworn to and subscribed before me, the undersigned this <u>29th</u> day of <u>Aug</u> , 2018.	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u>	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED) <u>KPSARIG BARBERE</u>	ID NUMBER

707-B - COURT COPY